

Name
in
Full

Hella Addison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Annapolis^{County} A A Co

MARYLAND

Date

of death

1906

Month

July

Day

7

Age

Years

—

Months

—

Days

9

Sex

Female

Color or
Race

Caucasian

Birth-
place

Annapolis

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Frank Addison

Father's
Birthplace

A A Co

Mother's
Maiden Name

Lissee Butler

Mother's
BirthplaceName of person giving
information

Frank Addison

How related
to deceased

Father

CAUSES OF DEATH

Primary

Intestinal Catarrh

How long

3 days

Immediate

Convulsions

How long

2 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

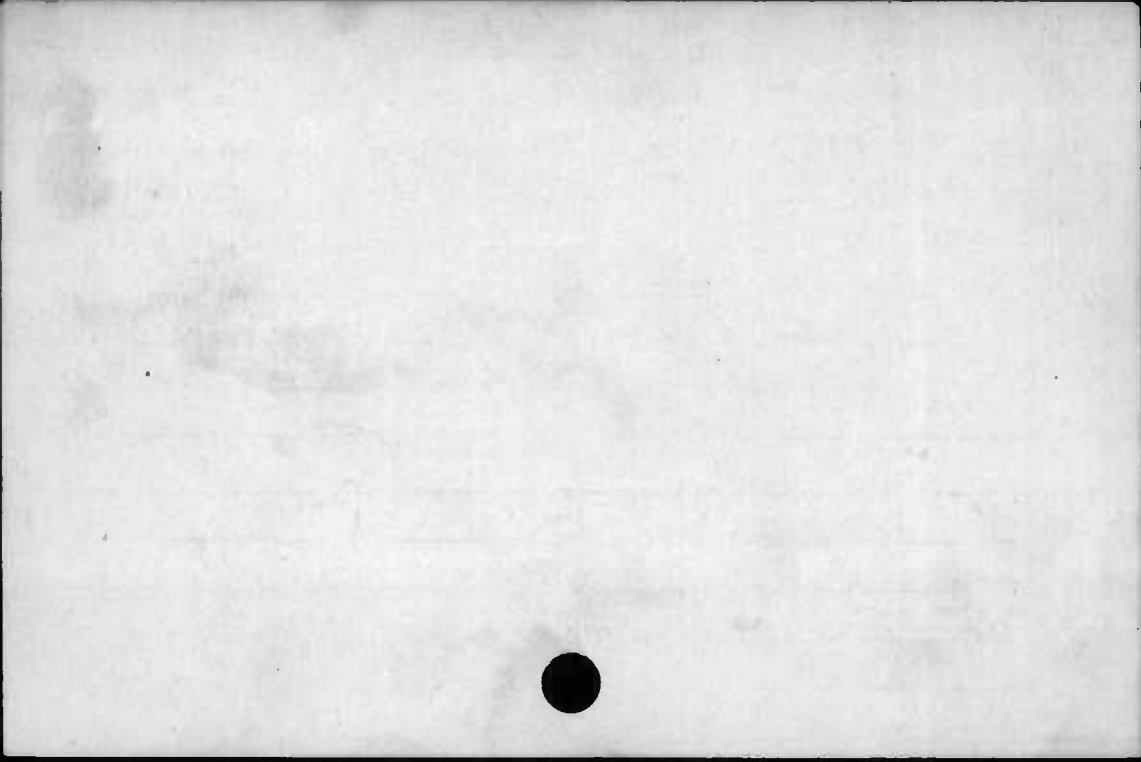
Signature of
Physician

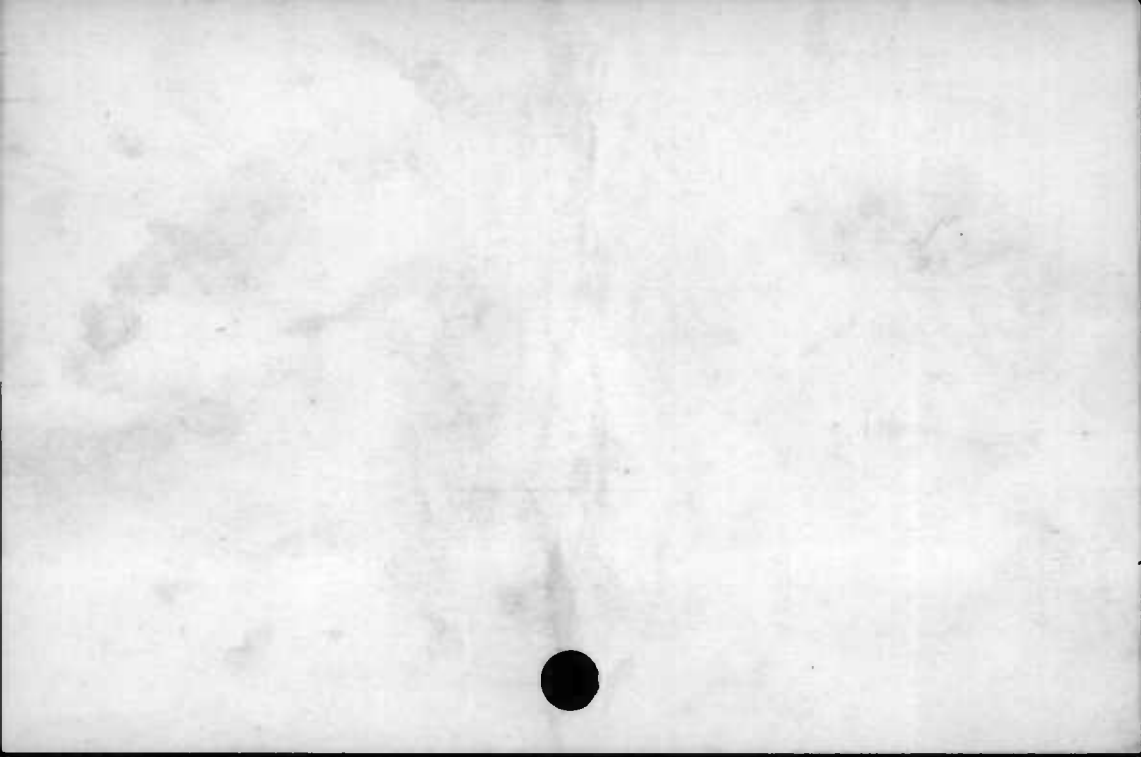
P. P. Kline

Address

66 Cathedral St
Annapolis Md

Accident or Suicide?





in
Full

William Beck M.D.

CERTIFICATE OF DEATH

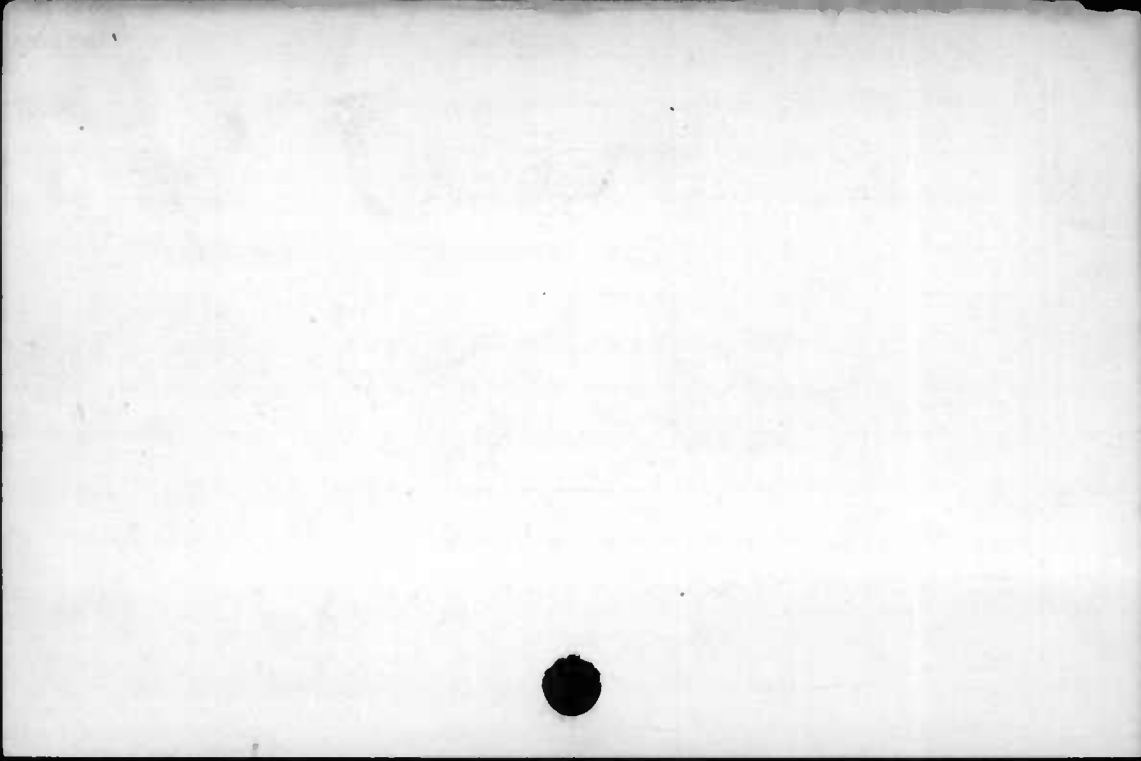
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Earleigh Heights</i> ^{Town}		<i>Anne Arundel Co.</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month} <i>July</i> ^{Day} <i>5th</i>	Age	<i>22 yrs</i> ^{Years}	Months	Days
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birthplace	<i>Baltimore Md</i>
Occupation	<i>physician</i>		Where Residing if not at place of death <i>1237 Washington St. Baltimore, Md</i>		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information	<i>O.B. Marden M.D.</i>				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Drowning</i>	How long	(172)
Immediate	<i>Asphyxiated</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>O.B. Marden M.D.</i>	
		Address <i>Earleigh Heights</i>	
Accident or Suicide? <i>Accident</i>		<i>A.C. Co. Ind</i>	



Name

in
Full

CERTIFICATE OF DEATH

Heavy Arm Brooks

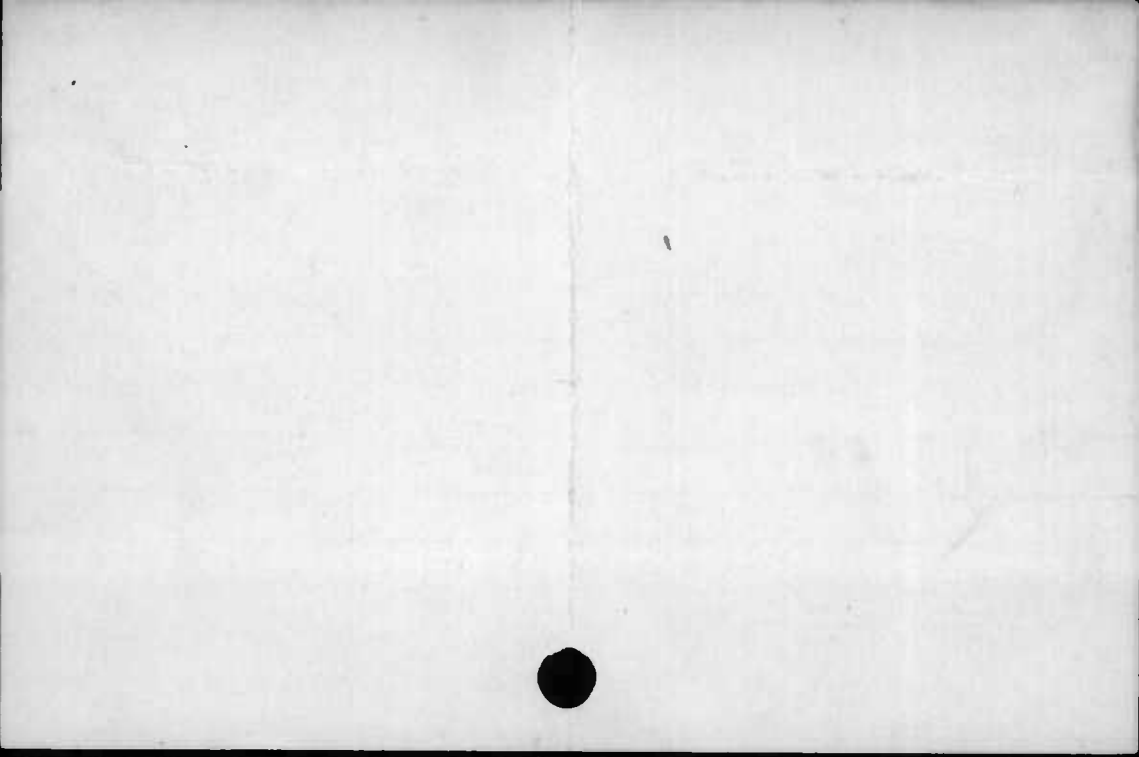
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brooksville</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>16</u>	Age	Years	Months <u>1</u> Days <u>16</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>A. A. Co. Md</u>			
Occupation			Where Residing If not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Robert Brooks</u>			Father's Birthplace <u>P. G. Co. Md</u>		
Mother's Maiden Name <u>Bush, Broadford</u>			Mother's Birthplace <u>A. A. Co. Md</u>		
Name of person giving information <u>Robert Brooks</u>			How related to deceased <u>father</u>		

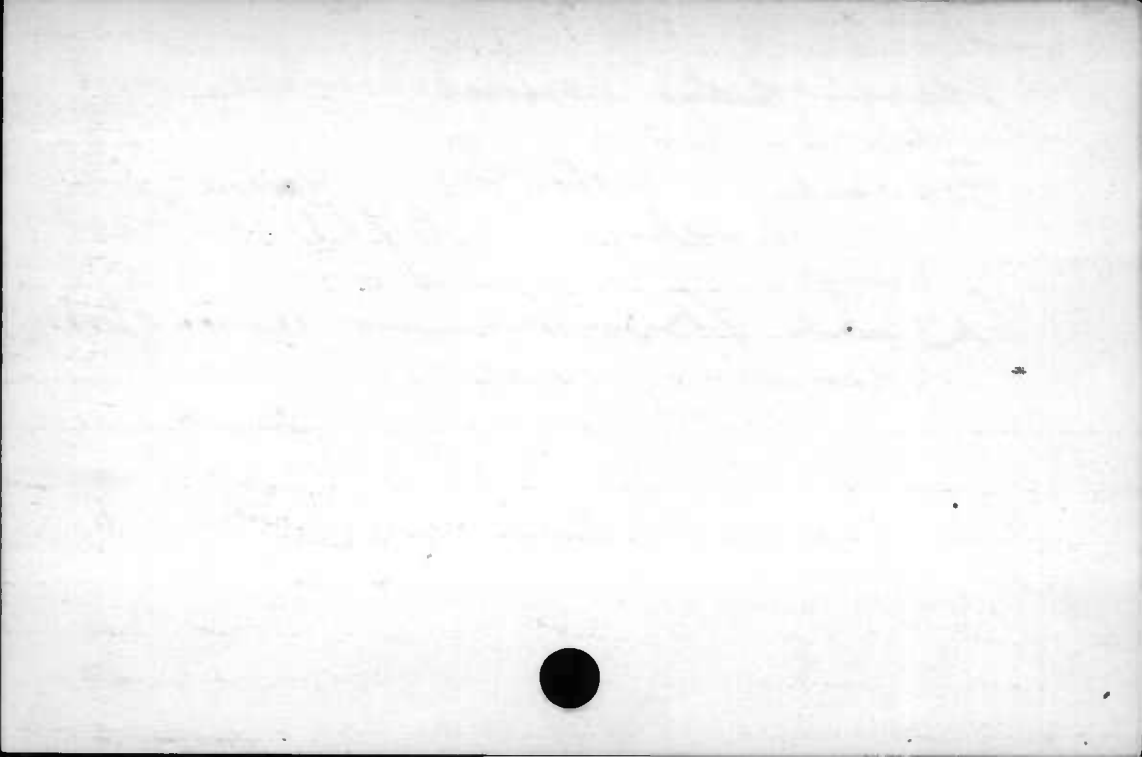
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>intest. Colitis</u>	How long	<u>2 wks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. B. Gant</u>	
		Address <u>Melrose</u>	
Accident or Suicide?			



Name In Full		Samuel Chester Brooks				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Maynard's P.O.		County A.A. Co.		MARYLAND	
	Date of death		1906	Month July	Day 16	Age —	Years —	Months —
	Sex Male		Color or Race White		Birth-place A.A. Co.			
	Occupation —				Where Residing if not at place of death —			
	Married, Single or Widowed Single		Name of Wife or Husband —					
	Father's Name Edwin Chester Brooks				Father's Birthplace Penn.			
PHYSICIAN OR CORONER	Mother's Maiden Name Rose A. Causey				Mother's Birthplace Maryland			
	Name of person giving information Rose A. Brooks				How related to deceased Mother			
	CAUSES OF DEATH							
	Primary		Cholera Infantum		How long 105		Two days	
Immediate		Exhaustion		How long X				
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician James S. Belding				
				Address Armique P.O. Md.				
Accident or Suicide?		—						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Annapolis Md</i>		Town <i>Annapolis Md</i>		County <i>Annapolis Co.</i>	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>1</i>	Age	Years	Months
Sex <i>male</i>	Color or Race <i>Colored</i>		Birthplace <i>Annapolis Md</i>		
Occupation			Where Residing If not at place of death <i>246 Acton Lane</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Lewis E. Brown</i>			Father's Birthplace <i>Annapolis Md</i>		
Mother's Maiden Name <i>Sarah E. Brown</i>			Mother's Birthplace		
Name of person giving information <i>Lewis E. Brown</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

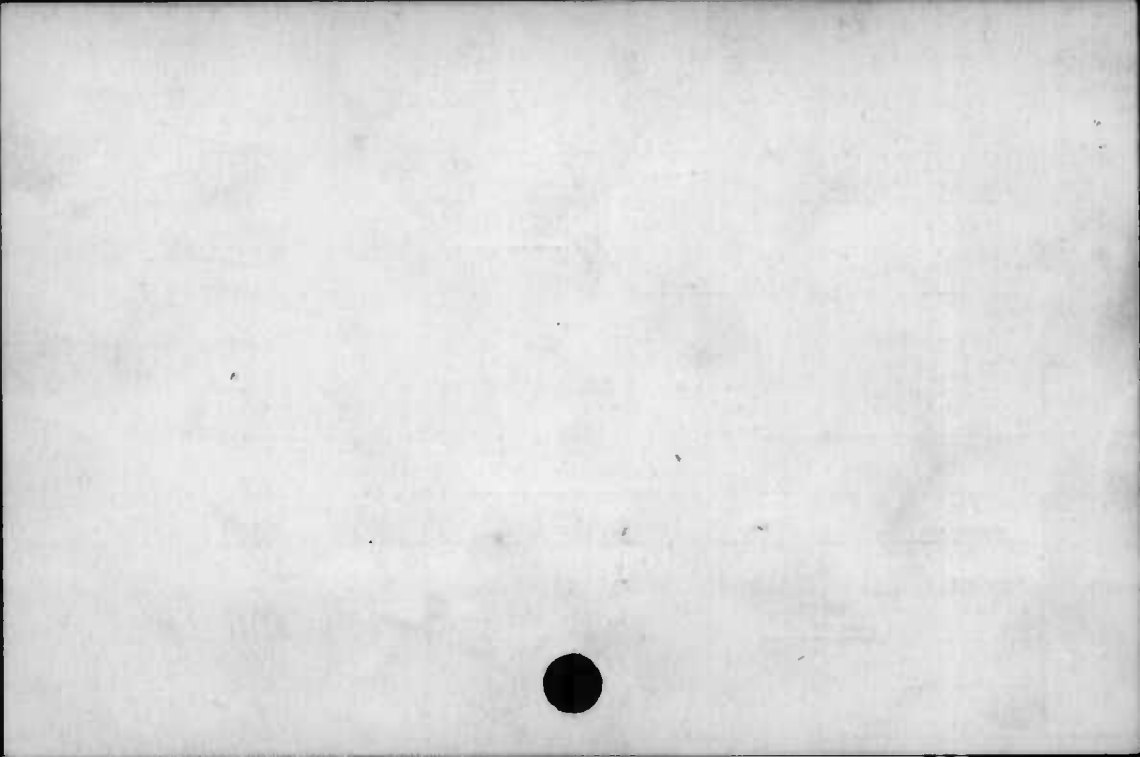
Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

John Ridout MD
Annapolis Md



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Constance L. Brown</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		STATE MARYLAND	
Died at <i>Annapolis</i>		Date of death 190 <i>6</i>		Month <i>July</i>		Day <i>20</i>	
Sex <i>Female</i>		Color or Race <i>Colored.</i>		Age <i>23</i>		Months <i>1</i>	
Occupation <i>School Teacher</i>		Where Residing if not at place of death <i>69 West Street</i>		Birth- place <i>Annapolis</i>		Days <i>12</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Walter Brown</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Mamie Brown</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Mother</i>		How related to deceased <i>(53)</i>					

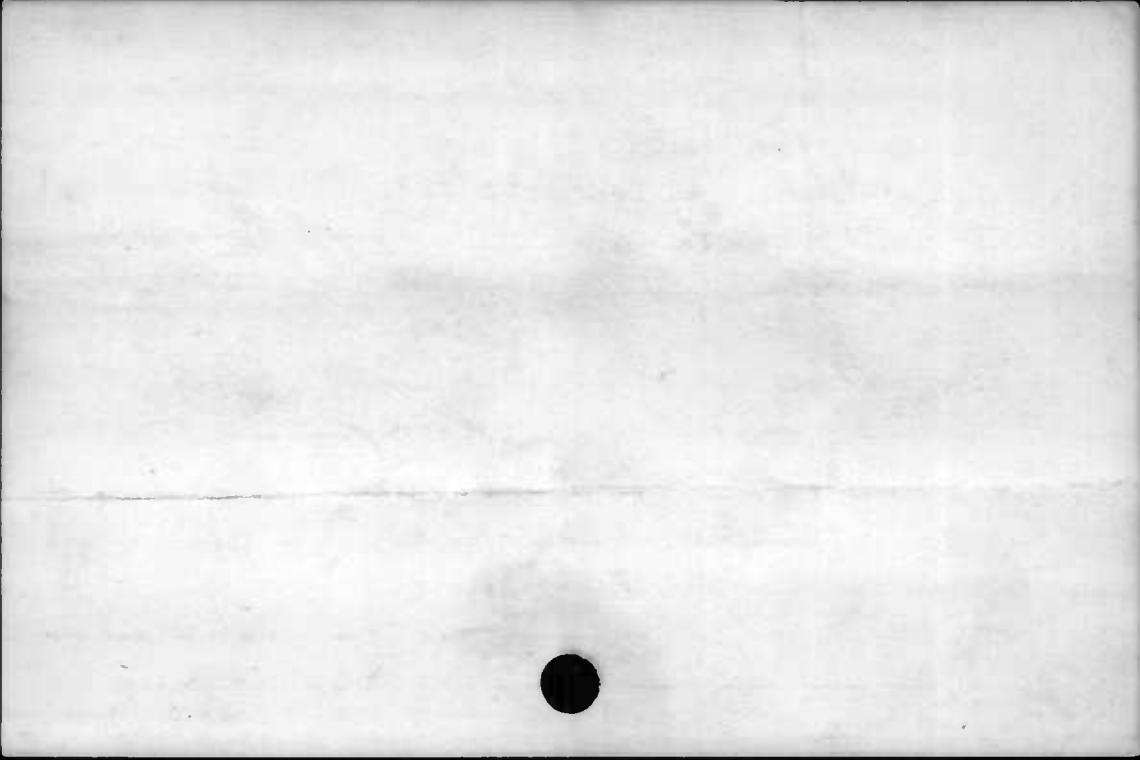
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spleno-myelogenous Leukemia</i>	How long <i>2 Mos.</i>
Immediate <i>Exhaustion</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Louis B. Henkel Jr.</i>
	Address <i>Annapolis, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Amos - Ga.</i>		Town <i>Amos</i>		County <i>A.A.</i>
	Date of death <i>1906</i>		Month <i>7</i>	Day <i>26</i>	Years <i>2</i>
	Sex <i>male</i>	Color or Race <i>black</i>	Birth-place <i>Mr</i>		
	Occupation <i>Infant</i>	Where Residing if not at place of death <i>at home</i>			
	Married, Single or Widowed <i>single</i>	Name of Wife or Husband			
	Father's Name <i>Garfield Brown</i>	Father's Birthplace <i>md</i>			
	Mother's Maiden Name <i>Willa Simme</i>	Mother's Birthplace <i>md</i>			
	Name of person giving information <i>Garfield Brown</i>	How related to deceased <i>father</i>			
CAUSES OF DEATH 105					
PHYSICIAN OR CORONER	Primary <i>Intra. Colic</i>	How long <i>2 weeks</i>			
	Immediate <i>Commissions</i>	How long <i>12 hr</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. Livingston M.D.</i>			
	Accident or Suicide? <i>within</i>	Address <i>Savage md</i>			



Name
in
Full

CERTIFICATE OF DEATH

James Edward Carpenter

Died at ^{Town} Eagle Harbor ^{County} St. Anne's ^{State} Maryland

Date of death 1906 July 4 Age 29 Months Days

Sex Male Color or Race Colored Birth-place also

Occupation Laborer Where Residing if not at place of death Eagle Harbor

Married, Single or Widowed Widowed Name of Wife James Carpenter

Father's Name Long Carpenter Birthplace also

Mother's Maiden Name Martha King Mother's Birthplace also

Name of person giving information Richard Carpenter How related to deceased Brother

CAUSES OF DEATH

Primary Tuberculosis (27) How long 27 Months

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

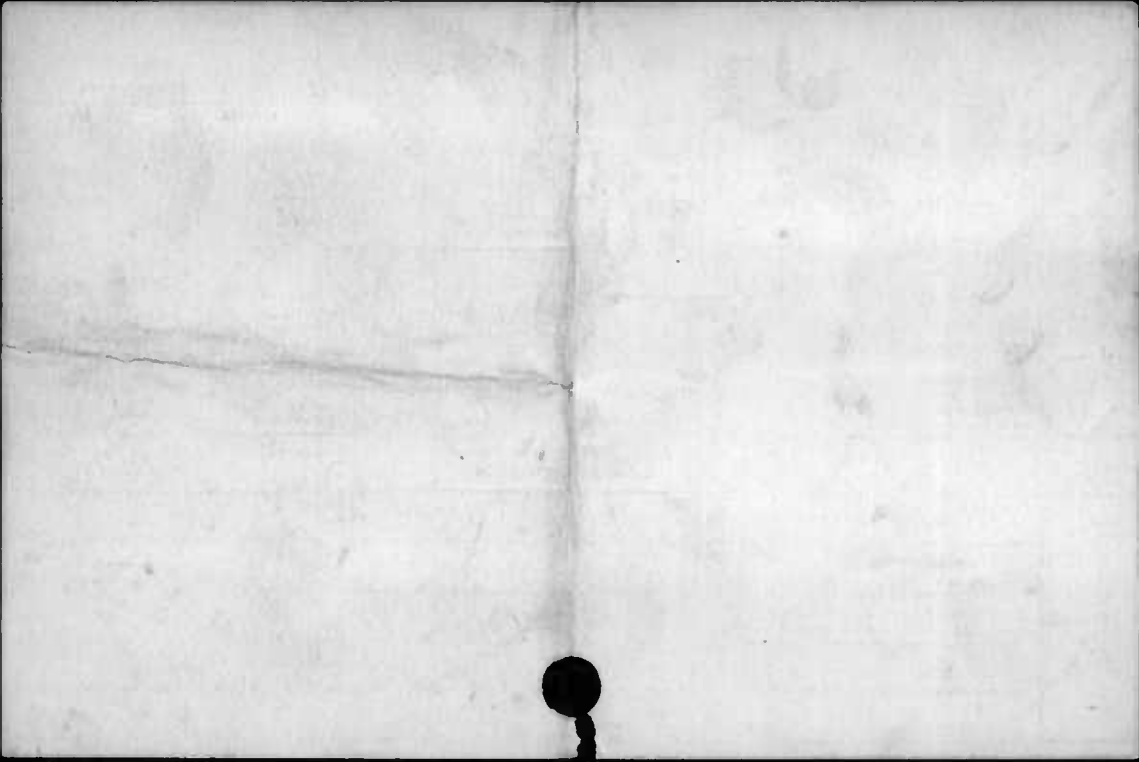
yes Signature of Physician John Ridout

Address Annapolis Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

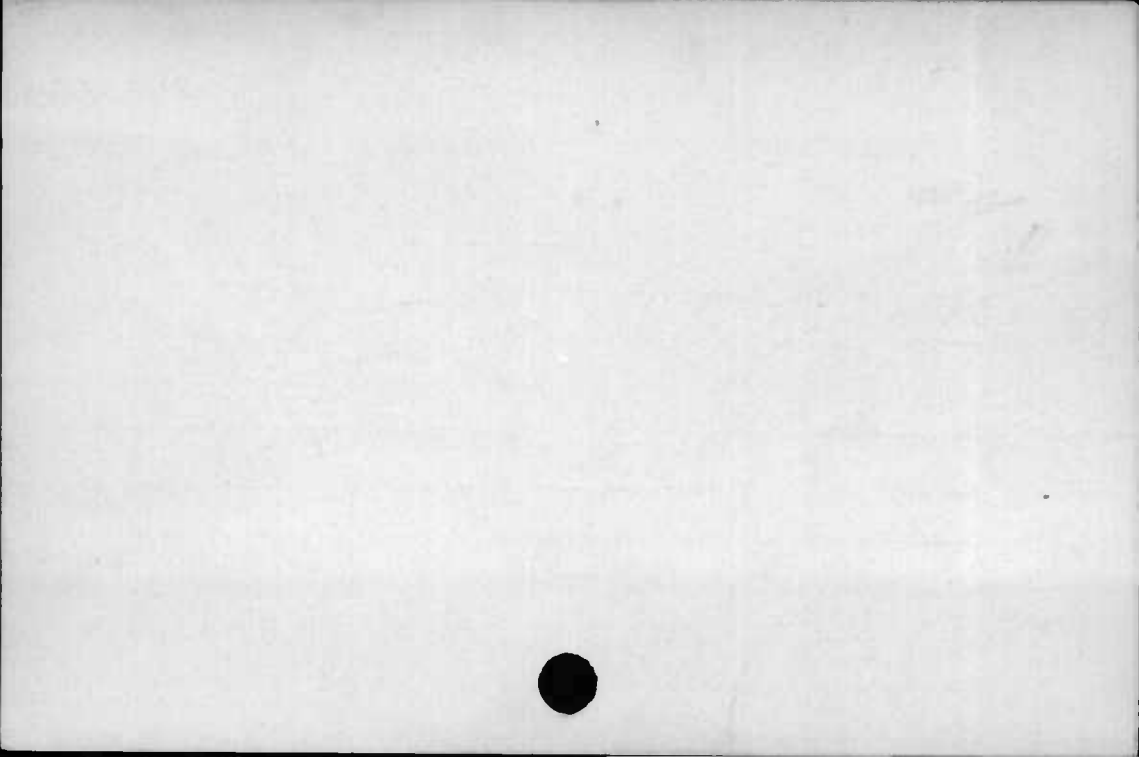
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lo. Baltimore</i>		Town <i>Lo. Baltimore</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1906 July 11</i>		Month <i>July</i>		Day <i>11</i>		Age Years <i>7</i> Months <i>7</i> Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>Col</i>		Birth-place <i>Ma</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm Collins</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Maggie Perry</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Larkin</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>		How long <i>8</i>	
Immediate <i>Marasmus</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. B. Linch</i>	
		Address <i>—</i>	
Accident or Suicide?			



Name In Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Maynard's ?o</i> Town		<i>Anne Arundel</i> County	
		Date of death <i>1906</i> Month <i>July</i> Day <i>18</i>		Age <i>—</i> Years	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
		Father's Name <i>Henry D. Cook</i>		Father's Birthplace <i>A.A.Co.</i>	
		Mother's Maiden Name <i>Sarah F. Chard</i>		Mother's Birthplace <i>A.A.Co.</i>	
Name of person giving information <i>Sarah F. Cook</i>		How related to deceased <i>Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Acute Intestinal Intoxication</i>		How long <i>Four days</i>	
		Immediate <i>Meningitis</i>		How long <i>Twelve hours</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Beelingsh, MD</i>	
				Address <i>Armiger</i>	
		Accident or Suicide? <i>No -</i>		<i>Mo</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Jennie Dennis* Town *Shady Side* County *A 9*

Died at *Shady Side*

Date of death *1906* Month *July* Day *22* Age *36* Years Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Husband *Edward W. Dennis*

Father's Name *Lewis Dorrell* Father's Birthplace *Va*

Mother's Maiden Name *Josephine Byars* Mother's Birthplace *Ind*

Name of person giving information *Josh Dennis* How related to deceased *Father in Law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Intestinal Tuberculosis* How long *8 months*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. T. Dent*

Address *Chambliss*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lucy Desantis</i>		Town <i>Annapolis</i>		County <i>A. A.</i>		MARYLAND	
Died at		Date of death <i>1906 July 1</i>		Age <i>7</i>		Months <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Pescale Desantis</i>		Father's Birthplace <i>Italy</i>		Mother's Birthplace <i>"</i>			
Mother's Maiden Name <i>Mary Mazza</i>		How related to deceased <i>Daughter</i>					
Name of person giving information <i>Pescale Desantis</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition & Dyspeptic Diarrhoea</i>	How long <i>105</i>
Immediate <i>Bronchopneumonia</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Purvis</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

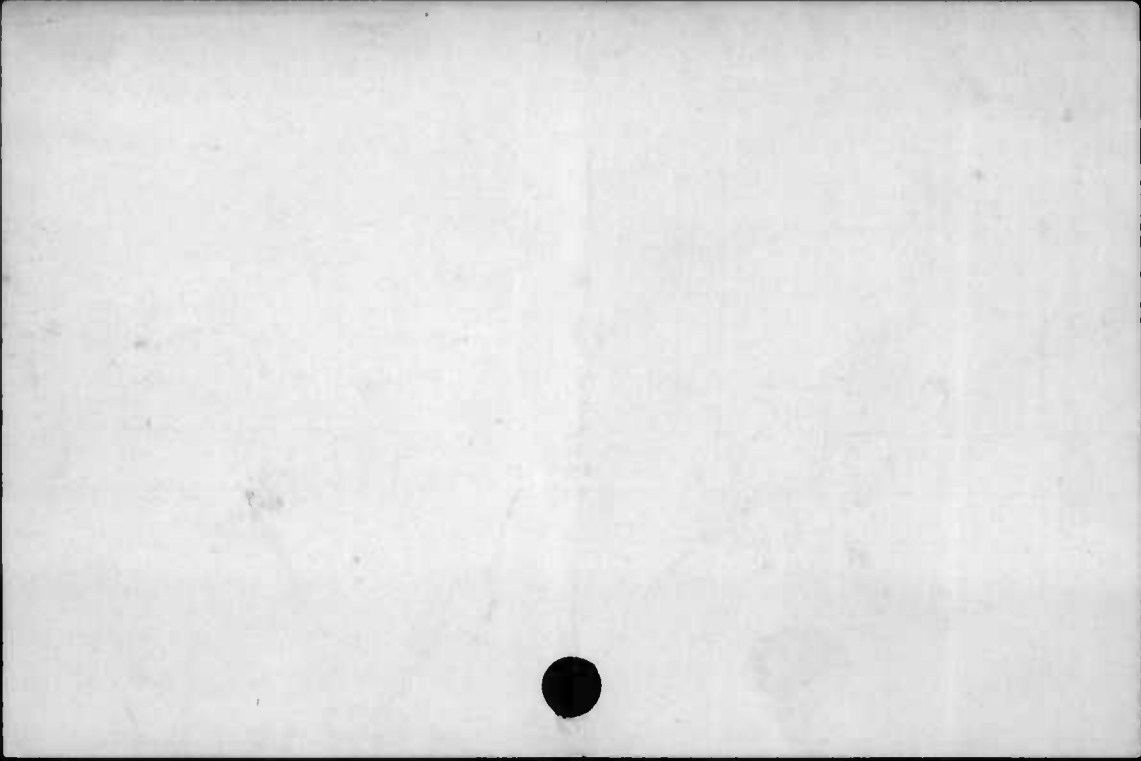
MARYLAND

Died at		Town		County	
Annapolis		Annapolis		Annapolis	
Date of death	1906	Month	July	Day	7
Age		Years		Months	
41		—		16	
Sex	Female	Color or Race	White	Birthplace	Italy
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband			
Pasquale Desantis		Pasquale Desantis			
Father's Name	Saverio Maggia			Father's Birthplace	Italy
Mother's Maiden Name	Rosa Siriani			Mother's Birthplace	Italy
Name of person giving information	Pasquale Desantis			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Hypertrophic Cirrhosis of Liver	How long	about 2 yrs?
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Purvis
		Address	Annapolis
Accident or Suicide?	No		MD



Name
in
Full

Ruth Matilda Doosey.


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Armingers</i> ^{Town}			<i>Anne arundel</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>5</i>	Age <i>72</i>	Months	Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>a a co md</i>		
Occupation <i>Housewife</i>			Where Residing If not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <i>Morris Copperas</i>			Father's Birthplace <i>a a co md</i>			
Mother's Maiden Name <i>Charlotte Brown</i>			Mother's Birthplace <i>a a co md</i>			
Name of person giving information <i>Charlotte Copperas</i>			How related to deceased <i>Daughter</i>			

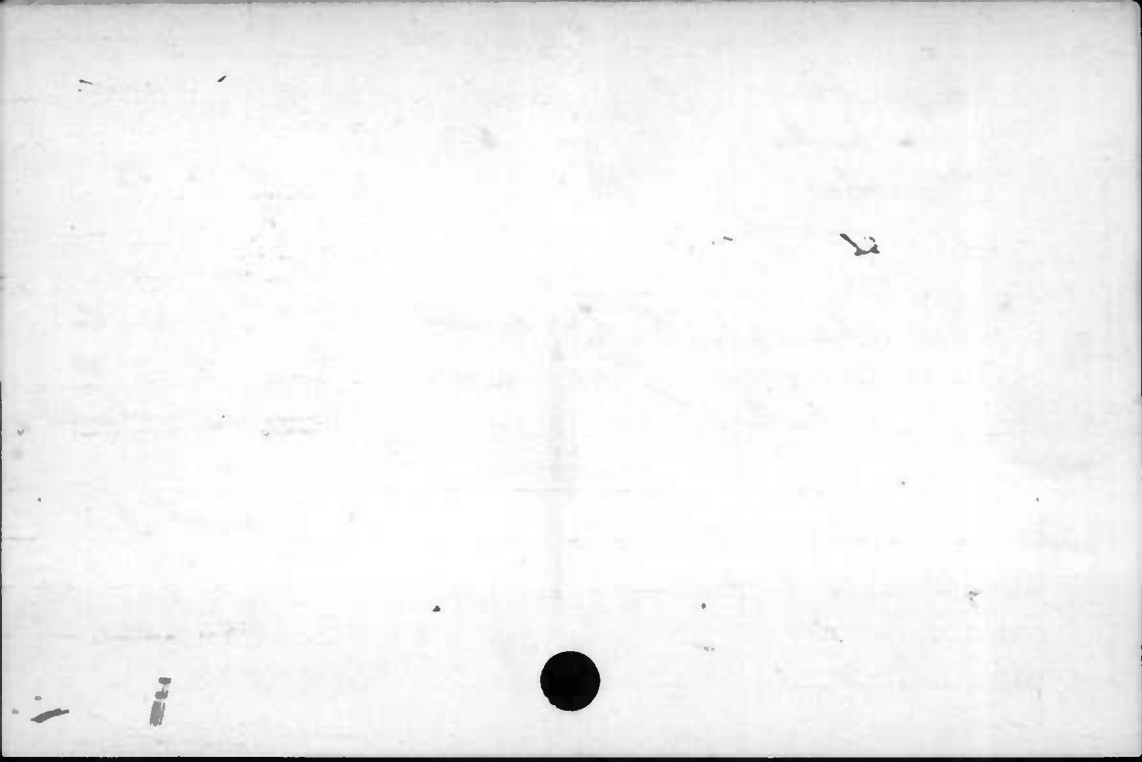
CAUSES OF DEATH

PHYSICIAN
OR CORONER

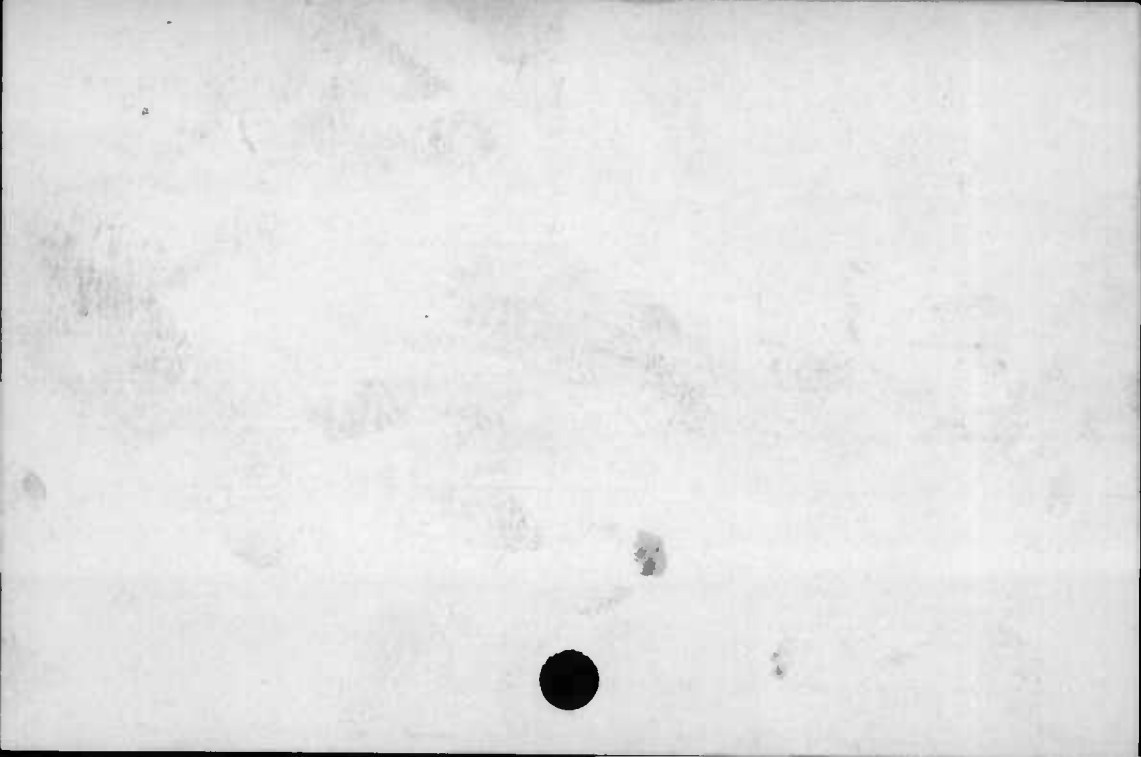
Primary <i>old age</i>	 (15)	How long <i>2 years</i>
Immediate <i>Cerebral softening</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Larane</i>	
	Address <i>Armingers md</i>	
Accident or Suicide?		



Name in Full		Sarah Elizabeth Ellison				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Lake Shore P.O.</i>		County <i>Anne Arundel</i>		MARYLAND	
		Date of death	Month	Day	Years	Months	Days
		<i>1906</i>	<i>July</i>	<i>15</i>	<i>64</i>		
		Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>A.A.C.</i>		
		Occupation <i>Housewife</i>		Where Residing If not at place of death			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John F. Ellison</i>			
Father's Name <i>Asterry Stinchcomb</i>		Father's Birthplace <i>A.A.C.</i>					
Mother's Maiden Name <i>Margaret Robinson</i>		Mother's Birthplace <i>A.A.C.</i>					
Name of person giving information <i>John F. Ellison</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Dysentery</i>		How long <i>about 3 weeks</i>			
		Immediate <i>Exhaustion</i>		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>James S. Bellinger M.D.</i>			
				Address <i>Armyer Md</i>			
Accident or Suicide? <i>No</i>							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Revell's Station</i>		County <i>Ad</i>	
		Date of death <i>1906 July 23rd</i>		Age <i>7</i>	
		Sex <i>Female</i>		Color or Race <i>Colored</i>	
		Occupation		Birth-place <i>Annapolis</i>	
		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Wm Foster</i>		Father's Birthplace <i>Ad Co</i>			
Mother's Maiden Name <i>Alice Day</i>		Mother's Birthplace <i>Ad Co</i>			
Name of person giving information <i>Father</i>		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Marasmus</i>		How long <i>179 months</i>	
		Immediate <i>Exhaustion</i>		How long <i>Gradual</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>	
		<i>Yes</i>		Address <i>Annapolis Md</i>	
		Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bristol</i>		Town <i>A. A. Co</i>		County		MARYLAND		
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>13</i>	Age	<i>24</i>	Years	Months <i>-</i>	Days <i>-</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>- A. A. G. W.</i>	
Occupation	<i>Cook</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Joseph Franklin</i>					
Father's Name	<i>Mrs. Powell</i>					Father's Birthplace	<i>-</i>	
Mother's Maiden Name	<i>Laura Larkin</i>					Mother's Birthplace	<i>-</i>	
Name of person giving information	<i>Joseph Franklin</i>					How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>6 mos</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. D. Griffith</i>		
	Address <i>Upper Marlboro Md</i>		
Accident or Suicide?	<i>Did not see the case until July 9th</i>		



Name

in
Full

Ezrey Thomas Harrison

CERTIFICATE OF DEATH

Died at ^{Town} Williams ^{County} Anne Arundel

MARYLAND

Date of death 1906 ^{Month} July ^{Day} 121 ^{Age} 1 ^{Years} ^{Months} 3 ^{Days}Sex Male ^{Color or Race} Black ^{Birth-place} Anne Arundel Co MDOccupation ^{Where Residing if not at place of death}

Married, Single or Widowed

Name of Wife or Husband

Father's Name William Harrison

Father's Birthplace ^{MD} Anne Arundel Co

Mother's Maiden Name Ella Johnson

Mother's Birthplace ^{MD} Anne Arundel Co

Name of person giving information William Harrison

How related to deceased Teacher

CAUSES OF DEATH

Primary Entered Colic

105

How long 6 weeks

Immediate Exhaustion

How long one week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

C. R. Henderson

Address

Regina

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	18	85	85	—	—
Sex		Color or Race		Birth-place			
male		Coloured		A h Co			
Occupation				Where Residing if not at place of death			
Married Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Secondary	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		
yes		
Signature of Physician		
Address		
Accident or Suicide?		



Name
in
Full

Lurren M. Hawkins

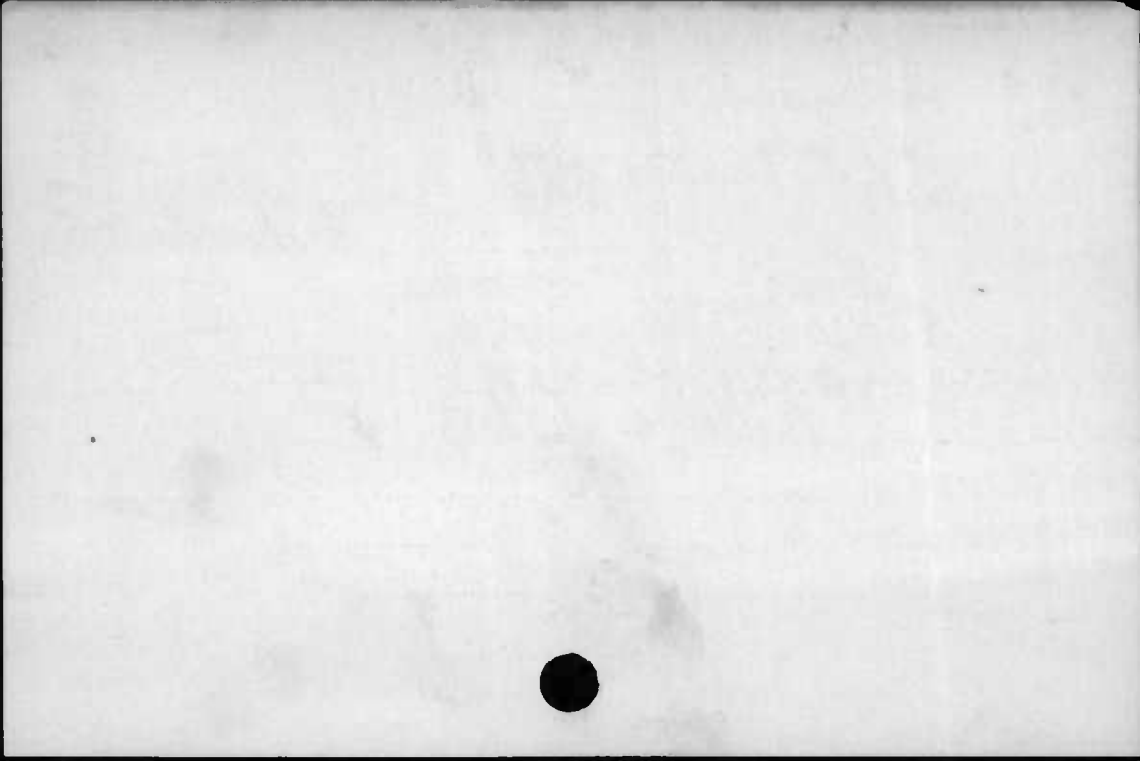
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>C-ma-</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>2</i>	Age <i>57</i>	Years <i>57</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>A. A. Co. Md.</i>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Lurren M. Hawkins</i>			
Father's Name <i>John H. Ligg</i>		Father's Birthplace <i>A. A. Co. Md.</i>			
Mother's Maiden Name <i>Margaret Ligg</i>		Mother's Birthplace <i>A. A. Co. Md.</i>			
Name of person giving information <i>Isaac Hall</i>		How related to deceased <i>Brother in Law</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Paralysis</i>	(66)	How long	<i>3 Yrs -</i>
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. B. Gant</i>	
			Address	<i>Millersville</i>	
	Accident or Suicide?				



Name
In
Full

John. Curtis Hemming

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>545</u> <u>Annapolis</u> <u>9</u>		Town <u>Annapolis</u>		Ann <u>Arnold</u> <u>Daughter</u>		Maryland	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>25</u>	Age <u>29</u>	Years	Months <u>6</u>	Days <u>25</u>	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Annapolis, Co. Md.</u>				
Occupation <u>Plasterer</u>	Where Reading if not at place of death <u>Washington D.C.</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Andrew J. Hemming</u>	Father's Birthplace <u>—</u>						
Mother's Maiden Name <u>Sarah H. Hemming</u>	Mother's Birthplace <u>—</u>						
Name of person giving information <u>Brothers & Sisters</u>	How related to deceased <u>—</u>						

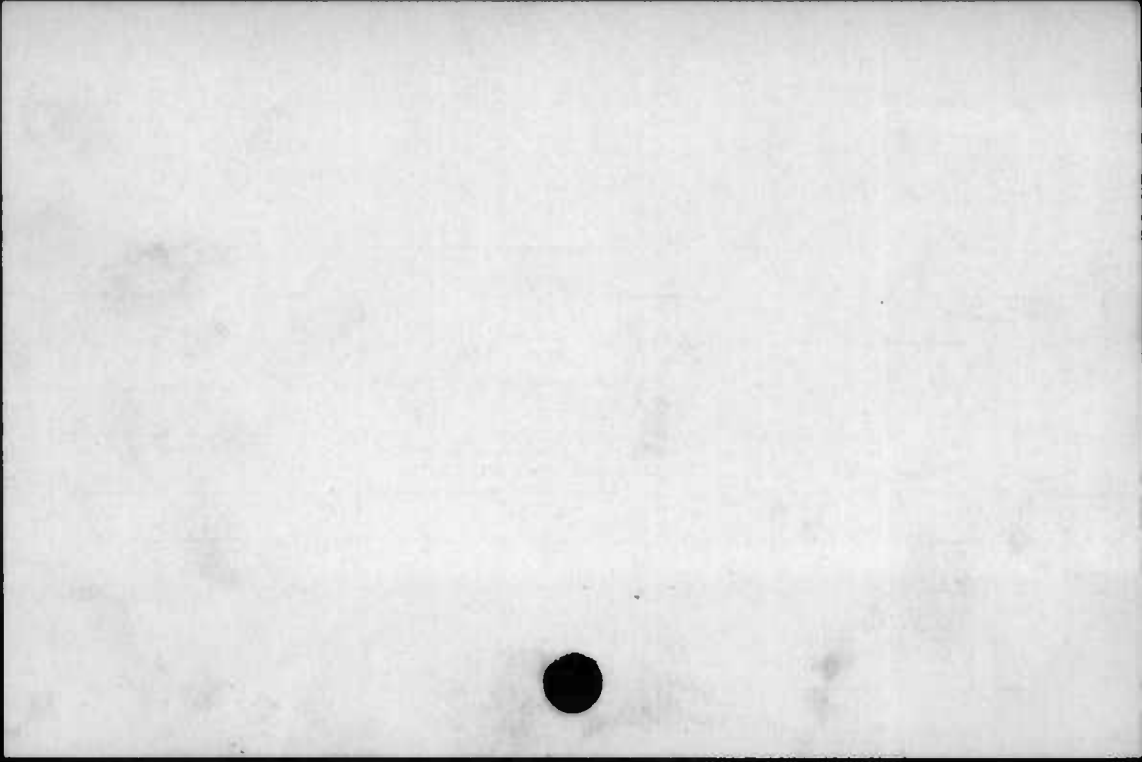
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Burns 2nd Degree entire body</u>	How long <u>5 Weeks</u>
Immediate <u>Exhaustion</u>	How long <u>2 Weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Walton H. Hopkins M.D.</u>
	Address <u>Annapolis Md</u>
Accident or Suicide? <u>Accident</u>	



Name in Full		Town				County		CERTIFICATE OF DEATH	
James Horn		Annapolis				aa		MARYLAND	
Died at		Date of death		Month	Day	Age	Years	Months	Days
1906		July		5	55				
Sex		Color or Race		Birth-place					
Male		Colored		aa		aa			
Occupation		Where Residing if not at place of death							
Laborer		26 Clay St							
Married, Single or Widowed		Name of Wife or Husband							
Married		Laura Horn							
Father's Name		Father's Birthplace							
Thomas Horn		aa							
Mother's Name		Mother's Birthplace							
Fannie Purcell		aa							
Name of person giving information		How related to deceased							
May Fry		Sister							
CAUSES OF DEATH									
Primary		How long							
Nephritis		8 months							
Immediate		How long							
Uræmic Poison		48 hours							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
yes		P. P. Keen							
		Address							
		60 Cathedral St							
		Annapolis Md							
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Churchton</i> <small>Town</small>		<i>A. H.</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i> <small>Month</small> <i>July</i> <small>Day</small> <i>8</i> <small>Age</small> <i>9</i> <small>Years</small>		<i>9</i> <small>Months</small>		<i>—</i> <small>Days</small>	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ma</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Jacob Albert Holland</i>		Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Mary E. Makall</i>		Mother's Birthplace <i>Ma</i>			
Name of person giving information <i>A. A. Holland</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pharyngeal Abscess</i>	How long <i>8 days</i>
Immediate <i>Rupture of Abscess (strangulated)</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo T. Hunt</i>
	Address <i>Churchton, Ma</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

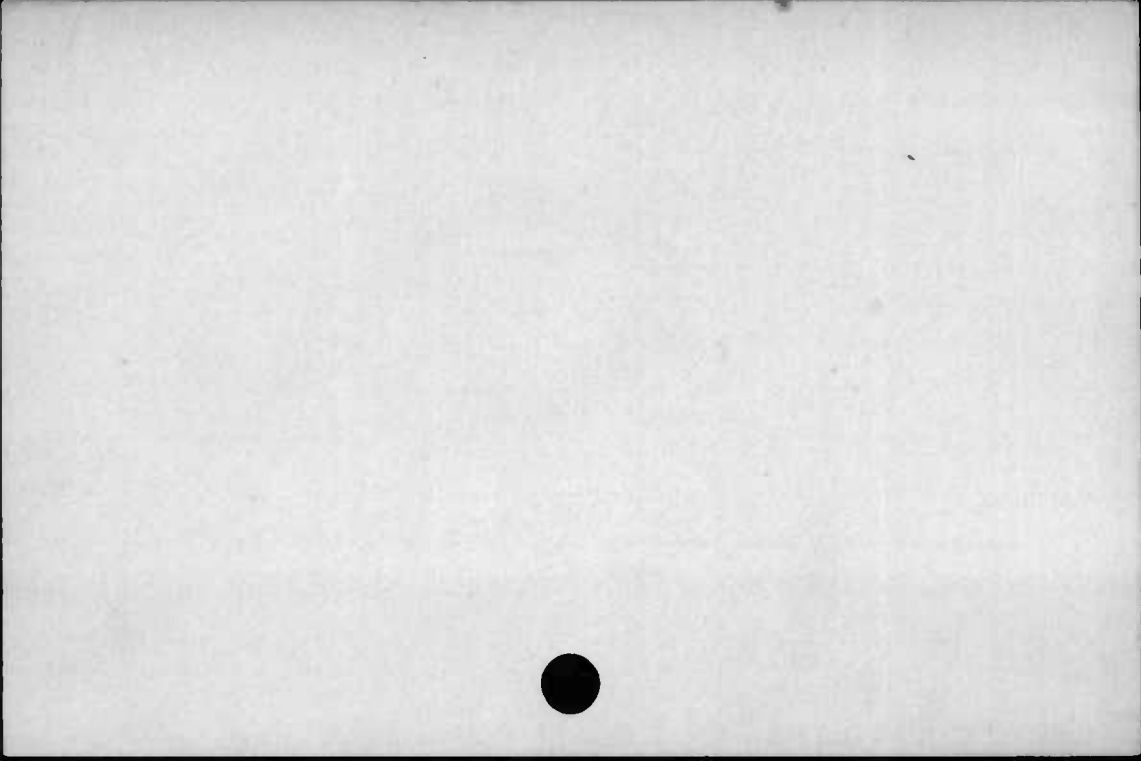
TO BE ANSWERED BY
NEAREST FRIEND

Died at South Baltimore <small>Town</small>		Anne Arundel <small>County</small>		MARYLAND	
Date of death 1906 July 11 <small>Month Day</small>		Age 33 <small>Years</small>		Months <small>Days</small>	
Sex Male		Color or Race White		Birthplace Norway	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental Drowning	How long	172
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address Robert Schindler	
Accident or Suicide?			



Name
in
Full*Francis J. Jenneski**7/2/I.*

CERTIFICATE OF DEATH

MARYLAND

Died at *Lake Shore* ^{Town}

County

Date of death

1906

Month

July

Day

2

Age

Years

Months

4

Days

Sex

*Female*Color or
Race*white*Birth-
place*Baltimore Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Frank Jenneski*Father's
Birthplace*Germany*Mother's
Maiden Name*Sant Kraw*Mother's
Birthplace*Germany*Name of person giving
information*H. C. Linsted*How related
to deceased*not related*

CAUSES OF DEATH

Primary

Summer & diarrhoea

How long

2 weeks

Immediate

Heart failure

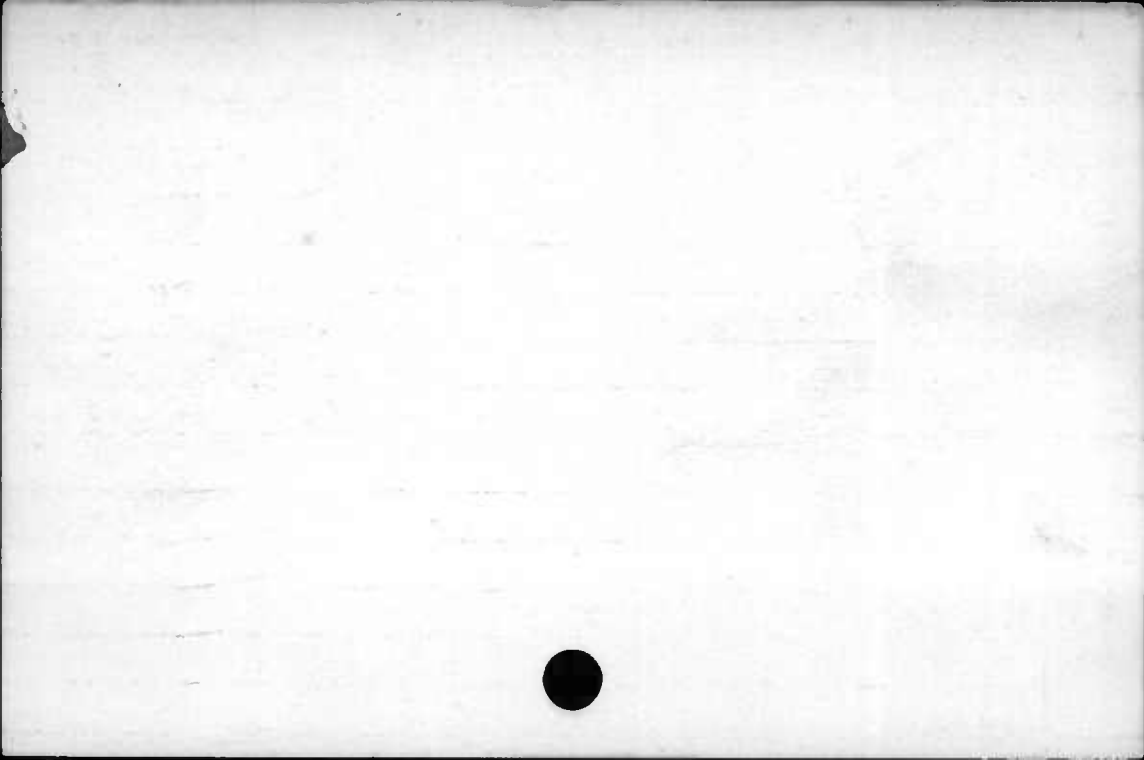
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*No Physician*

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

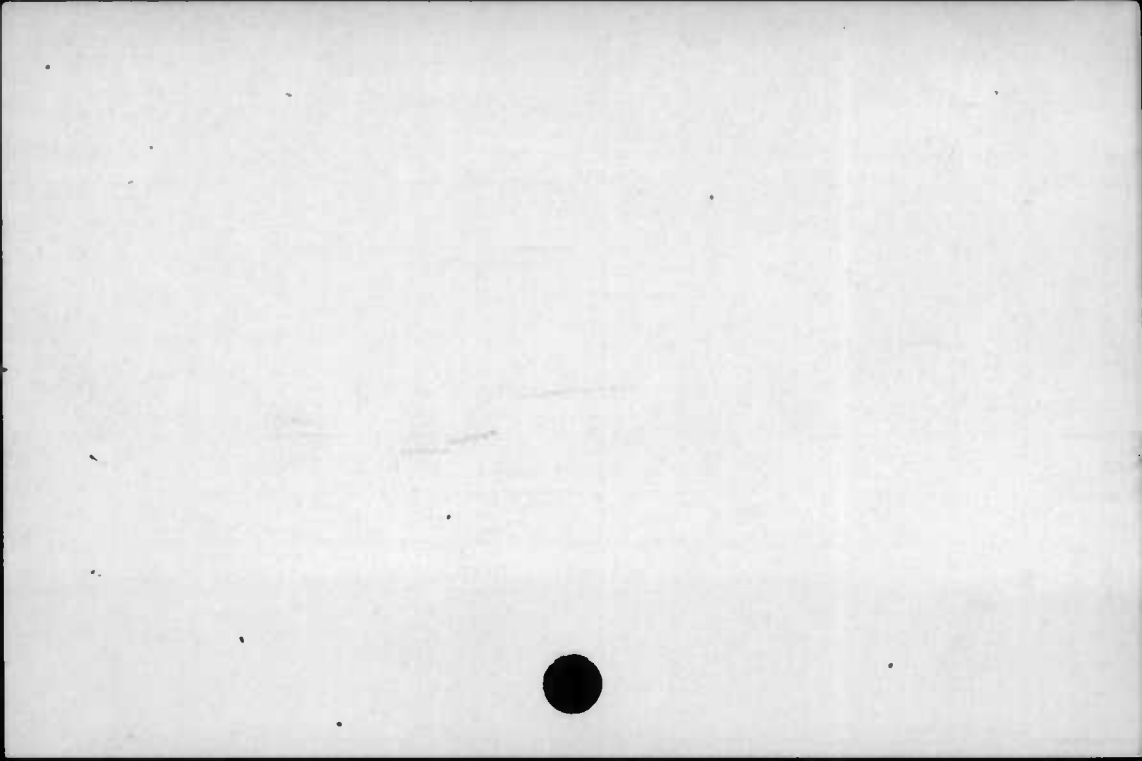
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jane Johnson</i>		Town <i>Parole</i>		County <i>Annaprindel Co.</i>		MARYLAND	
Died at <i>Parole</i>		Month <i>July</i>		Day <i>3rd</i>		Age <i>69</i>	
Date of death <i>1906</i>		Months <i>2</i>		Days <i>+</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>West River A. D. Co.</i>			
Occupation <i>Servant</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Elias Johnson</i>					
Father's Name <i>John Hayes</i>		Father's Birthplace <i>West River A. D. Co.</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Annapolis Md.</i>					
Name of person giving information <i>Her daughter</i>		How related to deceased <i>daughter.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysentery + Diarrhoea</i>	How long	<i>Several days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes as far as I know</i>		Signature of Physician <i>J. H. Thompson M.D.</i>	
		Address <i>—</i>	
<i>Acid...</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Annapolis</u> ^{Town}		<u>a a</u> ^{County}			
Date of death <u>1906</u> ^{Month}	<u>July</u> ^{Day}	<u>8</u> ^{Age}	<u>1</u> ^{Years}	<u>4</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Annapolis</u>		Where Residing if not at place of death <u></u>	
Occupation <u></u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>				
Father's Name <u>John S. Kumball</u>	Father's Birthplace <u>Balti-Md</u>		Mother's Birthplace <u>Annapolis Md</u>		
Mother's Maiden Name <u>Mary E. Lamb</u>	How related to deceased <u>Father</u>				
Name of person giving information <u>John S. Kumball</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	How long <u>4 days</u>
Immediate <u>(9)</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. J. Murphy</u>
	Address <u>Annapolis</u>
Accident or Suicide?	



Name in Full

Kennedy, Benham Tilduff

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

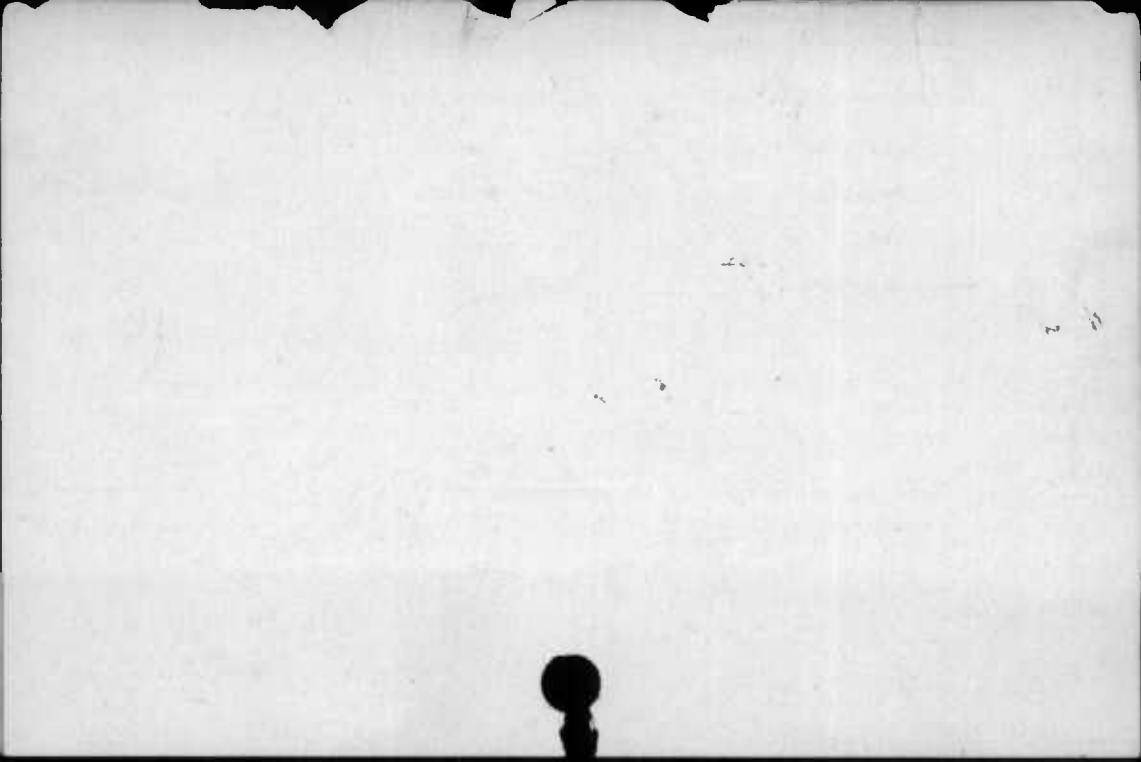
Died at <i>Annapolis</i> ^{Town}		<i>June Tundel</i> ^{County}		MARYLAND	
Date of death	<i>190</i>	Month <i>July</i>	Day <i>29th</i>	Age <i>18</i>	Months <i>9</i> Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>S.D. New York</i>		
Occupation <i>Midshipman</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>L. M. Tilduff</i>			Father's Birthplace <i>U. S.</i>		
Mother's Maiden Name <i>Katharine Mac Gregor</i>			Mother's Birthplace <i>U. S.</i>		
Name of person giving information <i>Navy Record</i>			How related to deceased		

CAUSES OF DEATH.

6

PHYSICIAN OR CORONER

Primary <i>Appendicitis & Peritonitis</i>	How long <i>Five days</i>
Immediate <i>Hemorrhage from Stomach</i>	How long <i>16 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>See Dr. Corning</i>
	Address <i>Trust Building Annapolis</i>
Accident or Suicide? <i>No</i>	

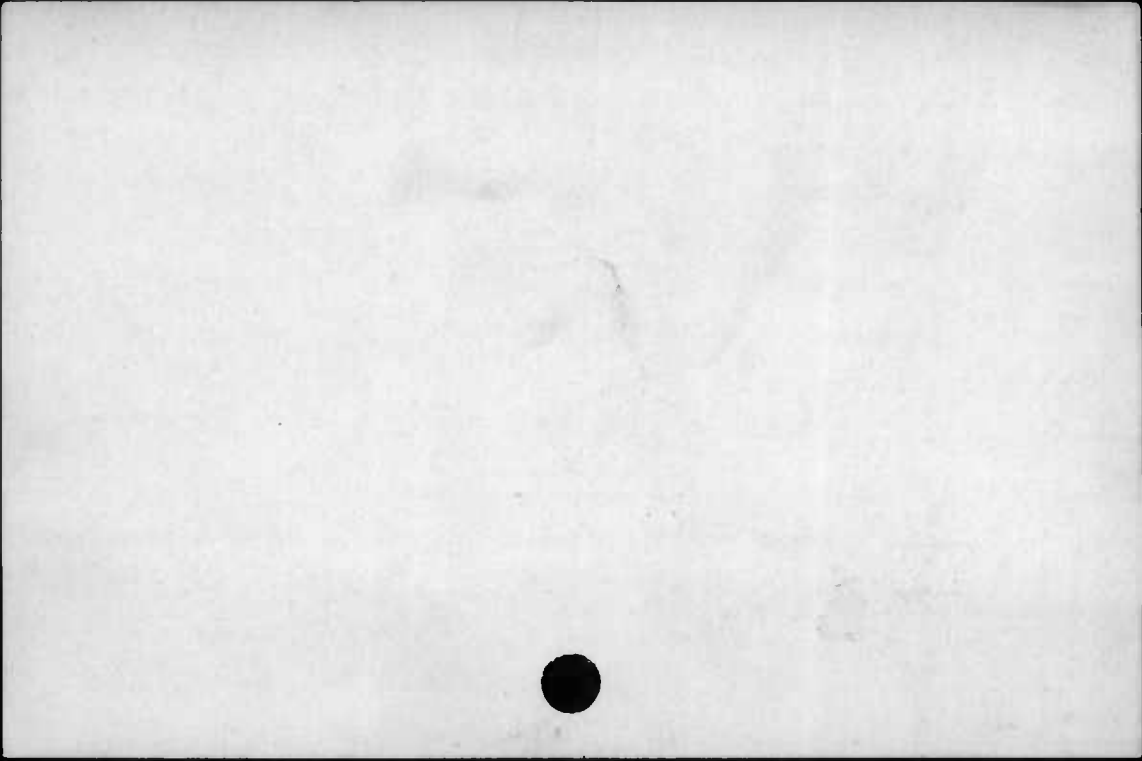


CERTIFICATE OF DEATH

Died <i>Accidents</i>		Town <i>Adams</i>		County <i>Adams</i>		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>17</i>	Age <i>75</i>	Years <i>6</i>	Months <i>17</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Adams</i>		Occupation <i>Bailiff</i>		
Where Residing if not at place of death <i>Calvert St. A. & Co.</i>				Married, Single or Widowed <i>Married</i>			
Name of Wife or Husband <i>Mary C. Kirby</i>		Name of Father <i>James Kirby</i>		Name of Mother <i>[Signature]</i>		Name of person giving information <i>Mrs M. C. Kirby</i>	
Father's Birthplace <i>3 Dist. A. & Co. County</i>		Mother's Birthplace <i>3 Dist. A. & Co. County</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

Primary	Epilepsy		(64)	How long	4 weeks
Immediate	Exhaustion			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	M. Bennett Claude, M.D.	
I think so.			Address	9 St. John St. Annapolis, Md.	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

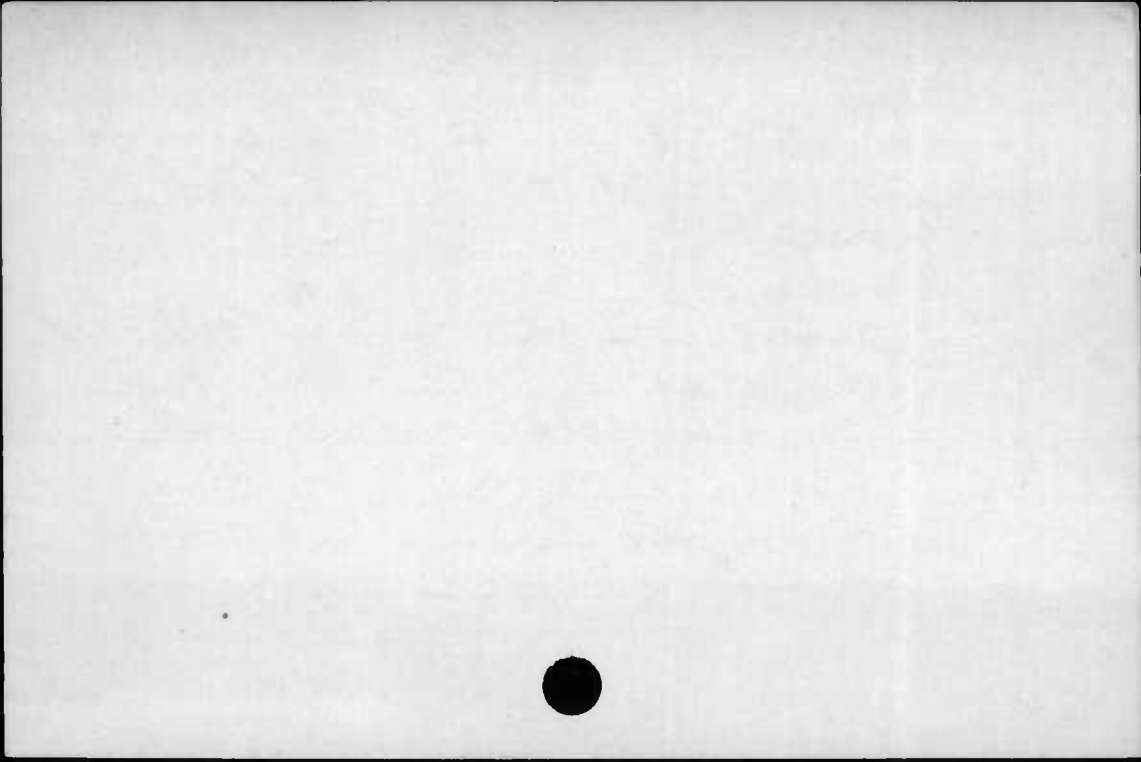
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Beth Ellen Leitch</i>		Town <i>Lakewood</i>		County <i>Anne Arundel</i>		MARYLAND											
Died at <i>Lakewood</i>		Date of death <i>1906</i>		Month <i>July</i>		Day <i>19</i>		Age <i>0</i>		Years <i>0</i>		Months <i>0</i>		Days <i>17</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>													
Occupation _____						Where Residing if not at place of death _____											
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____															
Father's Name <i>Charles Leitch</i>		Father's Birthplace <i>Ind.</i>															
Mother's Maiden Name <i>Vidie Childs</i>		Mother's Birthplace <i>Ind.</i>															
Name of person giving information <i>Charles Leitch</i>		How related to deceased <i>Father</i>															

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>36 hours</i>	
Immediate <i>105</i>		How long <i>36 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. M. Perini</i>	
		Address <i>McKendree, Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

(unnamed)

Manifold

Town

County

MARYLAND

Died at *Midwell*

Date

Month

Day

Age

Years

Months

Days

of death *1906*

July

19

—

4

1

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Andrew Manifold

Father's
Birthplace

Balti. Md

Mother's
Maiden Name

Iva Rogers

Mother's
Birthplace

Ind

Name of person giving
In formation

A. Manifold

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gastric enteritis

How long

14 days

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

*Geo. T. Fink M.D.
Annapolis*

Accident or Suicide?

—



Name
in
Full

(Still Borne) Mays

CERTIFICATE OF DEATH

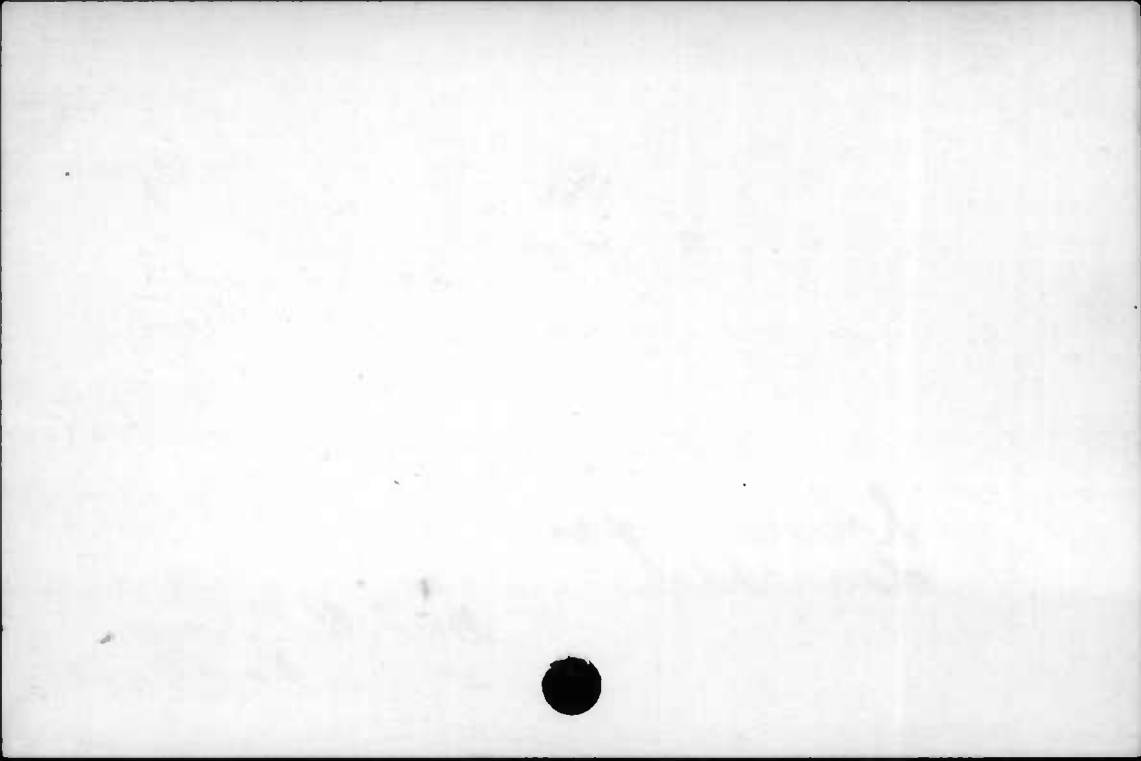
TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis <small>Town</small>			Anne Arundel <small>County</small>		MARYLAND	
Date of death 1906 <small>Year</small>		July <small>Month</small>	8th <small>Day</small>	Age <small>Years</small>	Months	Days
Sex Female		Color or Race White		Birth-place Annapolis		
Occupation _____				Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____			
Father's Name Thomas L Mays				Father's Birthplace Balto Co		
Mother's Maiden Name Mary E. Miller				Mother's Birthplace id		
Name of person giving information Thos C Mays				How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Still Borne		_____	
Immediate		How long	
_____		_____	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Charles E. [Signature]	
		Address	
		Annapolis, Maryland	
Accident or Suicide? _____			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Elvaton* TownCounty *a a*

MARYLAND

Date of death *1906* Month *July* Day *4* Age Years Months *10* DaysSex *Male* Color or Race *White* Birth-place *Elvaton, A. A. Co.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *Eust. Meyn*Father's Birthplace *Germany*Mother's Maiden Name *Annie Hoarf*Mother's Birthplace *"*Name of person giving information *Eust. Meyn*How related to deceased *Father*

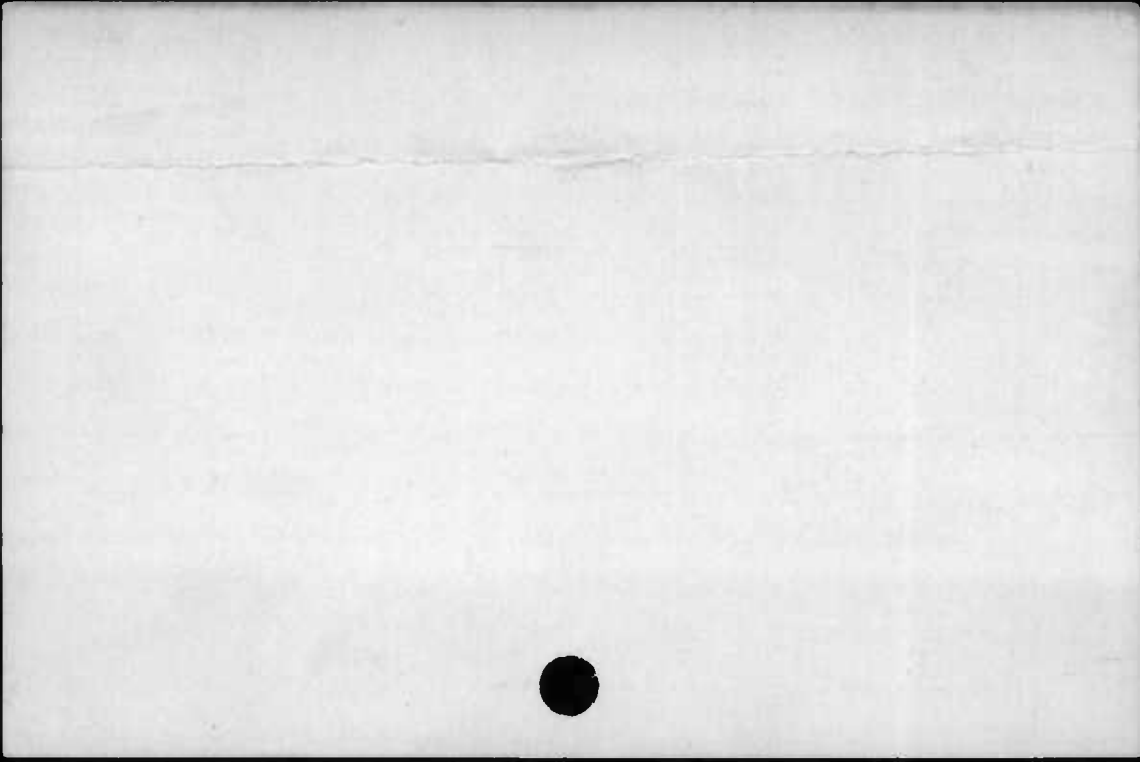
CAUSES OF DEATH

Primary *Cholera infantum*How long *29*Immediate *diarrhoea*How long *6*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. J. H. Brown*Address *Ammer P. off. a a b. r k*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	22	25	3		
Sex	Female		Color or Race	Cauc		Birthplace	1
Occupation	Housekeeper		Where Residing if not at place of death				
Marrled, Single or Widowed	Widow		Name of Wife or Husband		Morris		
Father's Name	Worron Wallace					Father's Birthplace	Ma
Mother's Maiden Name	Lucy Wallace					Mother's Birthplace	Ma
Name of person giving information	J. J.					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Failure	How long	179
Immediate	" "	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		S. S. Hephurn	
Address		Annapolis Md.	
Accident or Suicide?			



Name

in
Full

Annie Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Henry's* Town*A. A. Co.* CountyDate of death *1906* Month *July*Day *5*Age *31* Years

Months

Days

Sex *Female*Color or Race *Black*Birthplace *A. A. Co. Md*Occupation *Housekeeper*

Where Residing If not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Jos Owens*Father's Name *Jos Owens*

Father's Birthplace

Mother's Maiden Name *Lucy Price*

Mother's Birthplace

Name of person giving information *Jos Johnson*How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Typhoid fever - ①*How long *Don't know*

Immediate

Are the name, age, sex, color, date and place correctly given above?

I suppose so

Signature of Physician

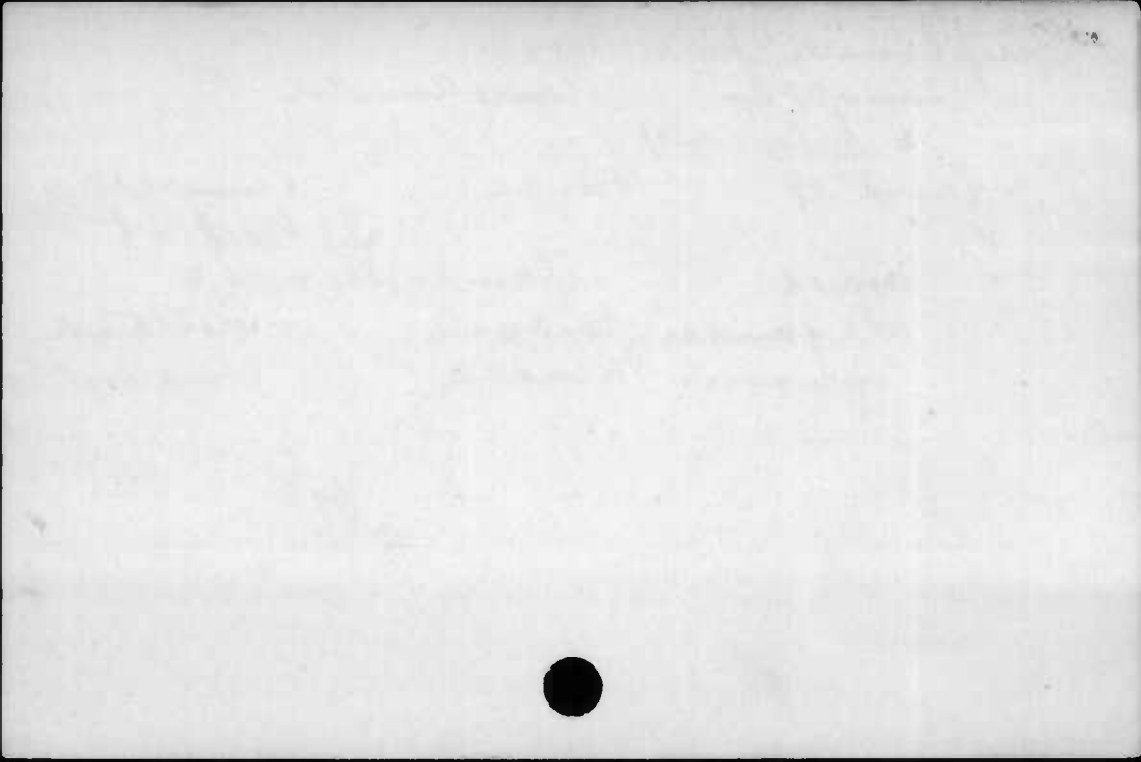
Dr. Griffith

Address

*upper Marlboro**Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

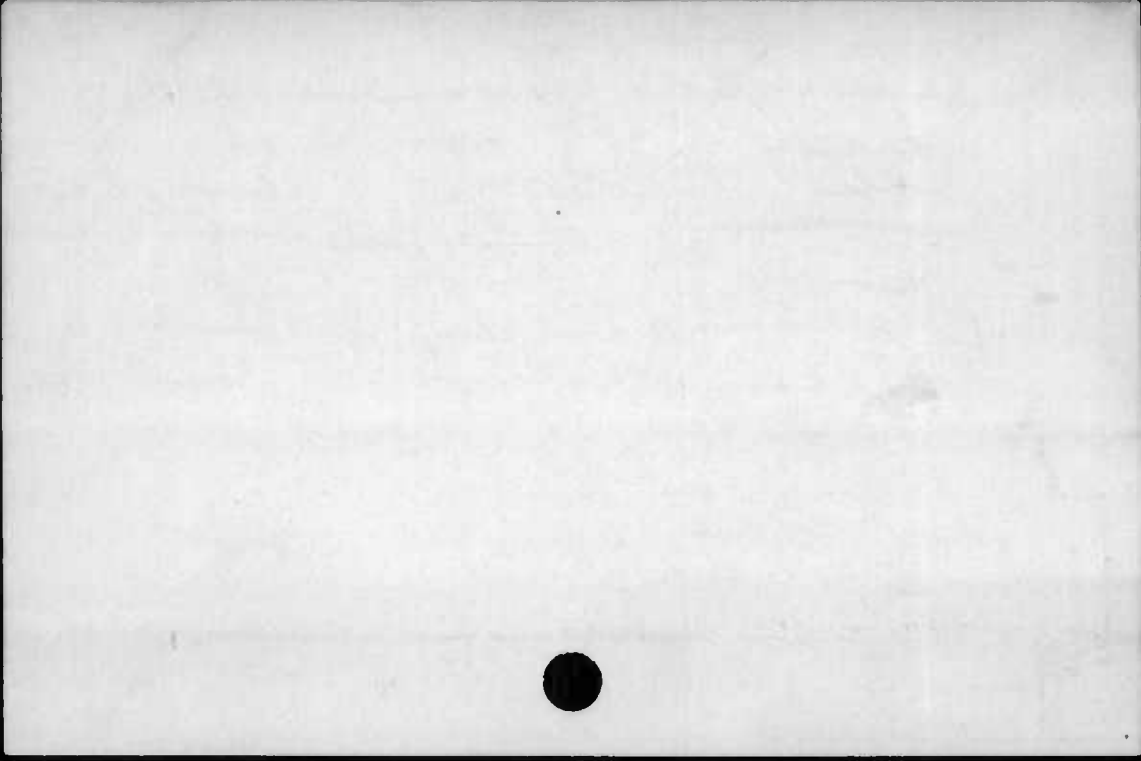
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Euphemia Jane Revell		County		MARYLAND	
Died at		Annapolis		Anne Arundel			
Date of death		1906	Month	July	Day	24	Age
Sex		Female		Color or Race		White	
Occupation				Where Residing if not at place of death		23 West St	
Married, Single or Widowed		Married		Name of Wife or Husband		James Revell	
Father's Name		Alexander Cowan		Father's Birthplace		Scotland	
Mother's Maiden Name		Susanna Nichols		Mother's Birthplace		Anne Arundel	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	6 days
Immediate	9 + Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		J. J. Murphy	
		Annapolis, Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Ridgely* Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death *1906* Month *July* Day *1st* Age *10* Years *10* Months *10* Days *10*

Sex *Male* Color or Race *Colored* Birthplace *Annapolis*

Occupation *_____* Where Residing if not at place of death *146 South St.*

Married, Single or Widowed *Single* Name of Wife or Husband *_____*

Father's Name *William Ridgely* Father's Birthplace *Adco*

Mother's Maiden Name *Anna Thomas* Mother's Birthplace *Adco*

Name of person giving information *Mrs Mary Dorey* How related to deceased *friend*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Intestinal Catarrh* How long *5 days*

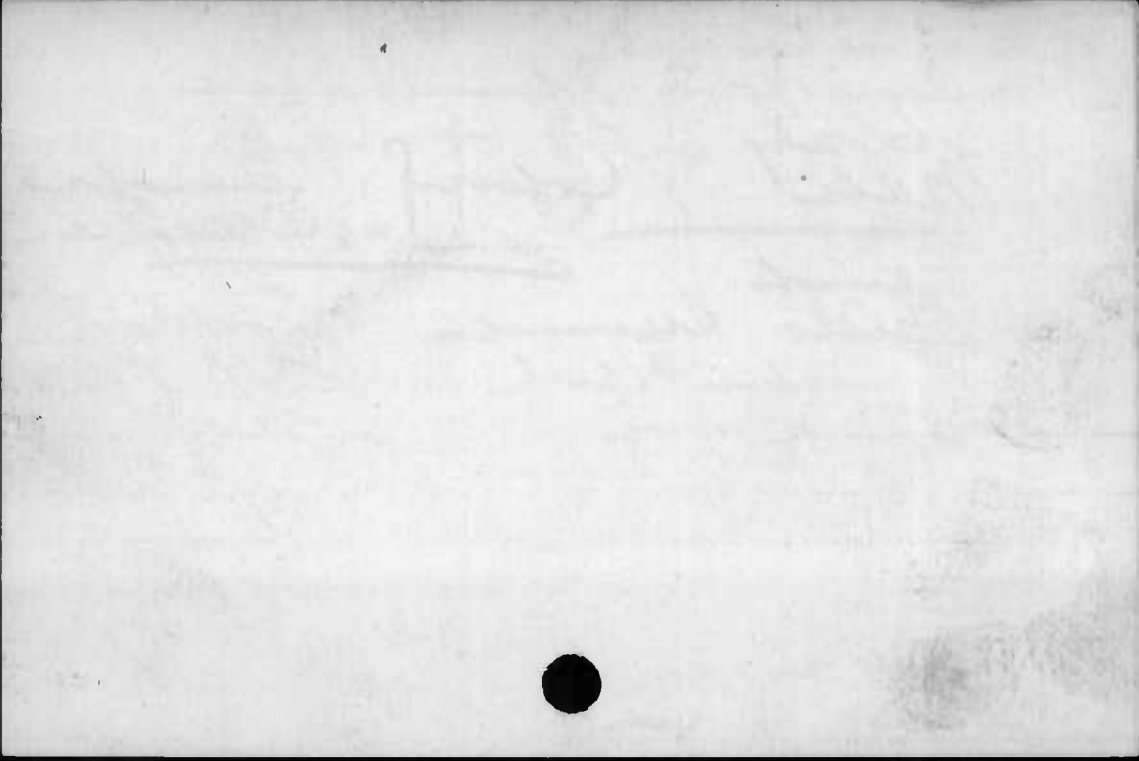
Immediate *convulsions* How long *Thous*

Are the name, age, sex, color, date and place correctly given above? *yes.*

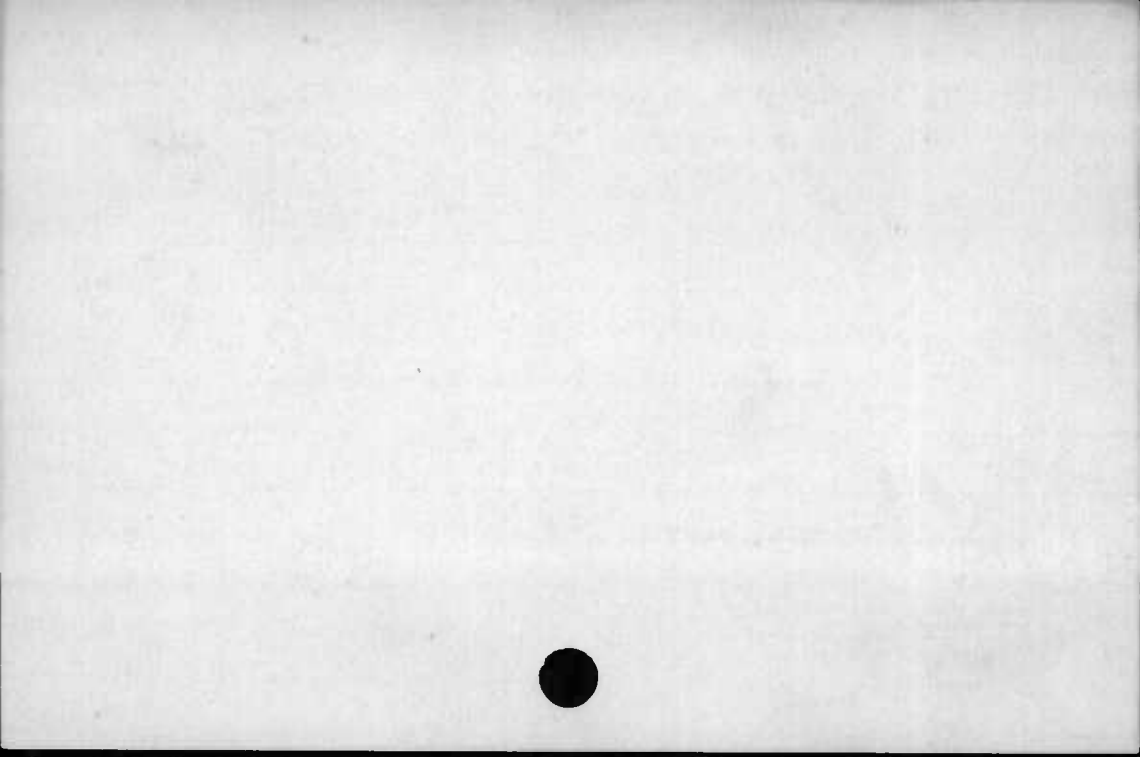
Signature of Physician *R. P. Tucker*

Address *66 Cathedral St*

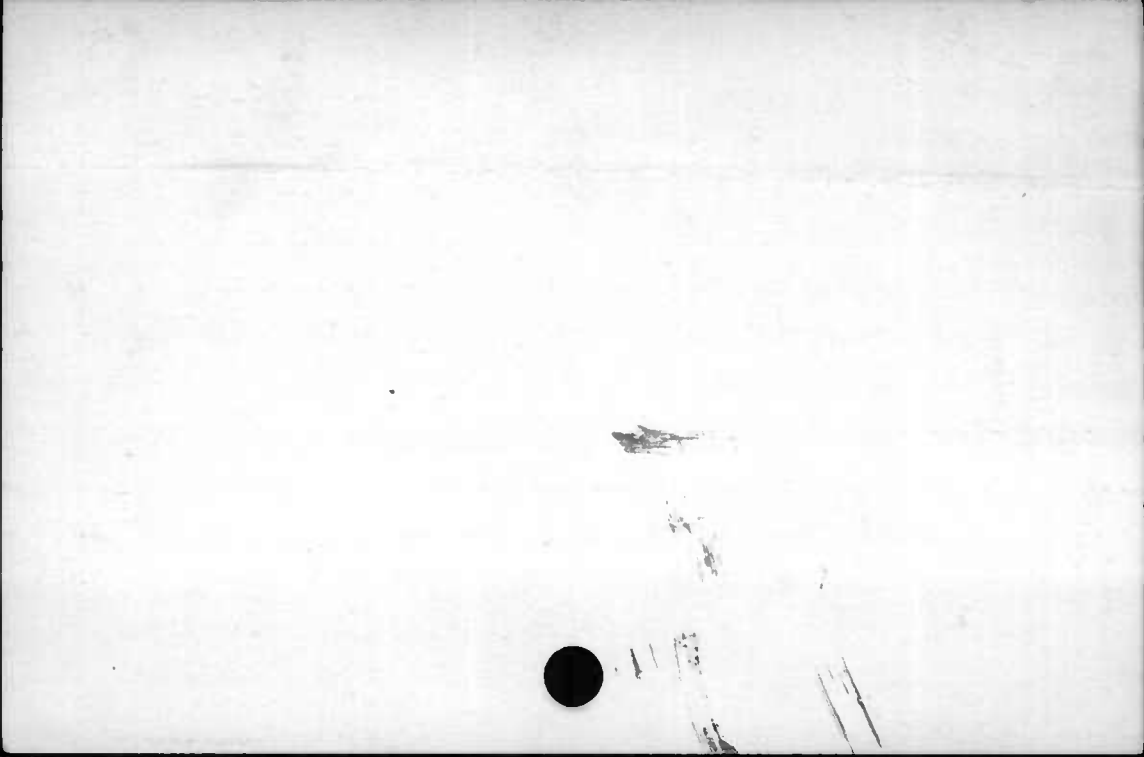
Accident or Suicide? *_____*



Name In Full		Engine Summer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		Anne Arundel		MARYLAND	
	Date of death	1906	July	7	Age	3	Months
	Sex	Male		Color or Race	Colored		
	Occupation			Where Residing if not at place of death	23 Colledge Ave		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Spills Summer				Father's Birthplace	Port Smith Va
PHYSICIAN OR CORONER	Mother's Maiden Name	Lucy Ann Hill				Mother's Birthplace	Hy. Va
	Name of person giving information	Father				How related to deceased	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Marasmus				How long	Since Birth
	Immediate	Exhaustion				How long	Gradual
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John Ridout M.D.		
	yes		Address		Annapolis Md		
	Accident or Suicide?						



Name in Full		Lizzie Spencer				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Magnards P.O.		Anne Arundel					
		Date of death	1906	Month	July	Day	23	Age	29
				Years	Months	4	Days	17	
		Sex	Female	Color or Race	Black	Birth-place	Anne Arundel Co.		
		Occupation	Washerwoman		Where Residing if not at place of death				
		215 Hering St Balto Ma							
		Married, Single or Widowed	Single	Name of Wife or Husband					
		Father's Name	Joseph Spencer		Father's Birthplace	Md			
		Mother's Maiden Name	Frances Howard		Mother's Birthplace	Md			
		Name of person giving information	John Wilmore		How related to deceased	None			
		CAUSES OF DATH							
PHYSICIAN OR CORDNER		Primary	Exhaustion Enteritis			How long	6 month		
		Immediate	Exhaustion			How long	30 days		
		Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		J. L. Winner		
				Address		1735 Bank			
		Accident or Suicide?							



Name In Full		John Towser				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Wermis Creek		County A. H. Co.		MARYLAND	
	Date of death	1906	Month July	Day 4	Age —	Months 1 1/2	Days
	Sex	Male		Color or Race	White		Birth-place Balto. Md.
	Occupation	Infant			Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Frank Towser				Father's Birthplace	Australia
	Mother's Maiden Name	Frances Kapler				Mother's Birthplace	Not Known
Name of parson giving information	Frank Towser				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Marasmus				How long	Since birth
	Immediate	Mal-assimilation				How long	Since birth
	Are the name, age, sex, color, date and place correctly given above?		As far as I know		Signature of Physician	H. H. Thompson M.D.	
					Address	193 Church St. Annapolis, Md.	
	Accident or Suicide?						

[Faint, illegible handwriting, possibly bleed-through from the reverse side of the page.]

Name
in
Full

Elizabeth Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town} <i>Ann</i> ^{County} <i>Arundel</i> MARYLAND	
Date of death <i>1906</i> ^{Month} <i>July</i> ^{Day} <i>11</i> ^{Years} <i>70</i>	^{Months} <i>—</i> ^{Days} <i>—</i>
Sex <i>Female</i> ^{Color or Race} <i>Colored</i> ^{Birth-place} <i>Adco</i>	
Occupation <i>Domestic</i> ^{Where Residing if not at place of death} <i>Annapolis</i>	
Married, Single or Widowed <i>Widow</i> ^{Name of Wife or Husband}	
Father's Name	Father's Birthplace
Mother's Maiden Name	Mother's Birthplace
Name of person giving information <i>Nettle Warren</i>	How related to deceased <i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Dysentery</i> ^{How long} <i>14</i> <i>11 months 28 days</i>	
Immediate <i>Exhaustion from General Debility</i> ^{How long} <i>8 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. P. Hecker</i>
	Address <i>60 Cathedral St.</i>
	<i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Ruth Irma Wayson

CERTIFICATE OF DEATH

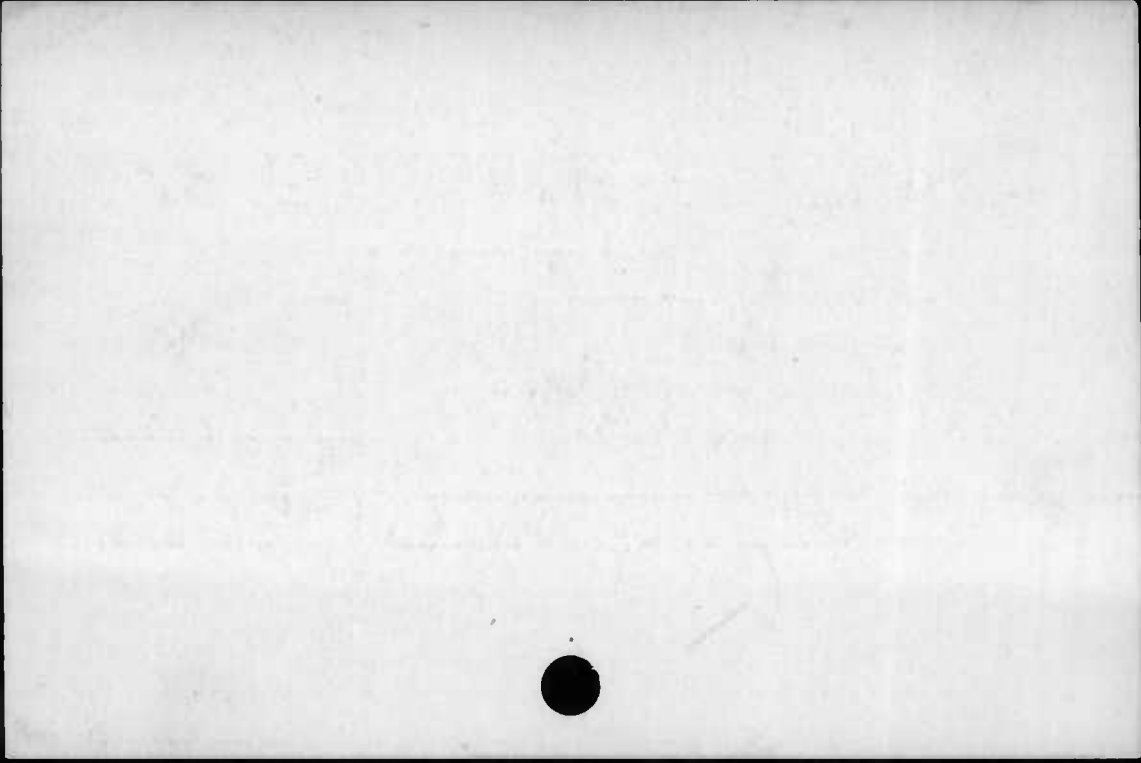
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bristol</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND		
Date of death	<u>1906</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>19</u> <small>Day</small>	<u>0</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>15</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind.</u>	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband				
Father's Name	<u>James William Wayson</u>			Father's Birthplace	<u>Ind.</u>	
Mother's Maiden Name	<u>Mildred Dorr</u>			Mother's Birthplace	<u>Ind.</u>	
Name of person giving information	<u>Agnes Wayson</u>			How related to deceased	<u>Aunt</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	<u>105</u> <small>How long</small>	<u>2 days</u> <small>How long</small>
Immediate			
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. H. Ferrie</u>
		Address	<u>McKendree, Ind.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

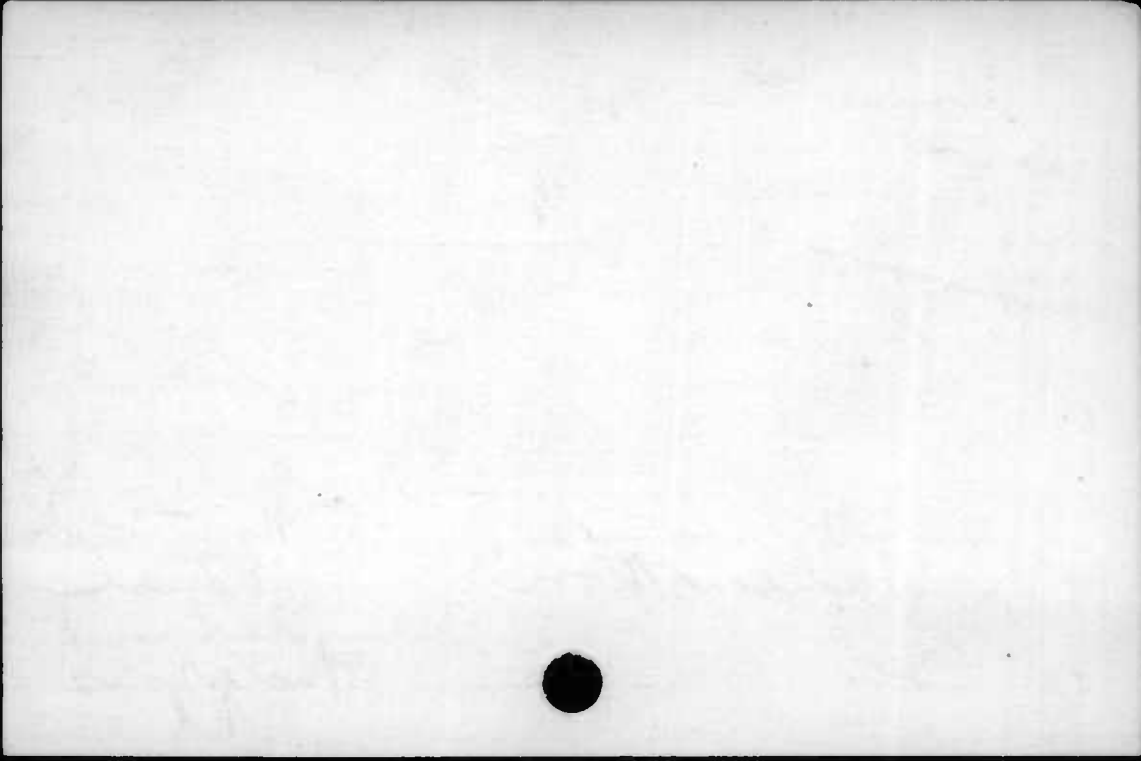
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Arthur Wilson		Town Annapolis		County Ad		State MARYLAND	
Died at Annapolis		Date of death 1906 July 5th		Age 59 yrs		Months Days 	
Sex Male		Color or Race Colored		Birth-place Ad Co.			
Occupation Laborer		Where Residing if not at place of death 					
Married, Single or Widowed Married		Name of Wife Eliza Wilson					
Father's Name Robert Wilson		Father's Birthplace Ad Co.					
Mother's Maiden Name Arianna McGowan		Mother's Birthplace Ad Co.					
Name of person giving information Emma Colbert		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of the Heart	How long	Several months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout M.D.	
yes		Address Annapolis Md	
Accident or Suicide?			



Name
in
Full

Martha Wilson

CERTIFICATE OF DEATH

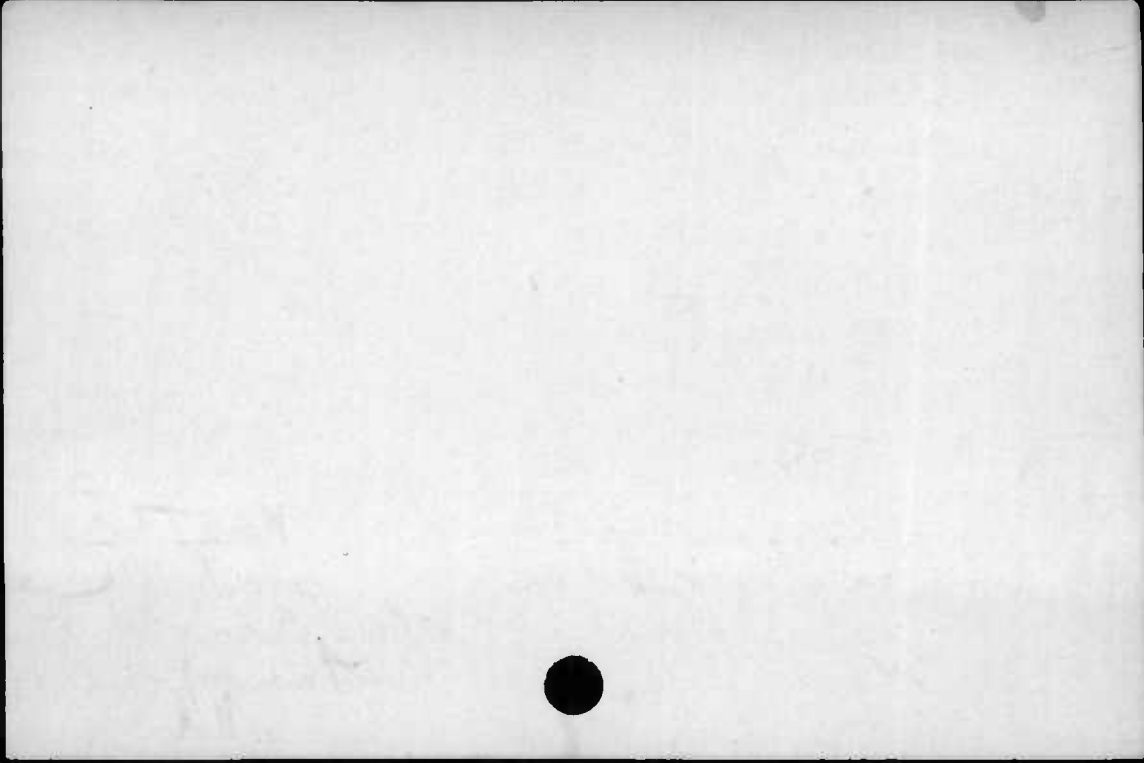
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundell</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>21st</i>		Age <i>30</i>	
Sex <i>Female</i>		Color or Race <i>Col</i>		Birth-place <i>Annapolis</i>		Months <i>—</i>	
Occupation <i>House Keeper</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Albert Wilson</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Mary Dennis</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Robert Davis</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i> Months
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout, M.D.</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	<i>—</i>



Name
in
Full

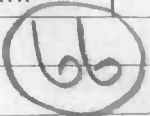
Caroline Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McKendree</i> Town		<i>June</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>2</i>	Years <i>about 85</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>George Gross</i>		How related to deceased <i>Grand Son</i>			

CAUSES OF DEATH

Primary <i>Paralysis</i>		How long <i>1 year</i>
Immediate		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Perrie</i>	Address <i>McKendree, Ind.</i>
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name in Full

Abram, G. Woodward

Town

County

Died at

Woodwardville Anne Arundel MARYLAND

Date

1906 July 15 Y. M. D. Age 77

Native of

Occupation

Maryland Farmer

Male

White

Married

Widow

Divorced

Widower

Number of children living

None

Husband

of

Wife

Father's

Name

Nicholas Woodward

Mother's

Name

Sarah Woodward

Cause of

Primary

Cancer of Stomach

How long sick

Several months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Sam. H. Anderson, M. D.

Address

Woodwardville Md.

Must be signed by physician, if any in attendance, other

undertaker or minister.

